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PLANNING TO GROW OLD IN TORONTO

Cityplan '91

City of Toronto
Planning &
Development
Department

Robert E. Millward
Commissioner

LARGE PRINT

91-04588/

19

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This report is available on audio cassette

March 1991

$ 7 (shipping and handling extra)

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For further information please contact Margaret Bryce at 392-7732, Policy & Strategic Planning Division, City of Toronto, Planning and Development Department.

Foreword

Planning to Grow Old in Toronto is a background paper prepared by staff as part of the process for review of the Official Plan for the Central Area of the City of Toronto. It outlines the principles and objectives of a strategic plan for the City of Toronto employing the knowledge, skills and experience of older people in planning for their future.

It reviews the demographic trends and projects changes. It provides a concise statement of the major issues affecting older people in the areas of housing, long-term care, transportation, recreation and community services and sets out an agenda for action by the City. It proposes amendments to the Official Plan.

This report is being distributed for discussion to individuals and groups who are interested in the status and welfare of older people. We ask you to consider it carefully. You are invited to review the report and comment in writing to the Commissioner of Planning and Development.

For further information please call Margaret Bryce at 392-7732.

Photo: Metro Homes for the Aged

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Photo: Vince Pietropaolo

Summary

Planning for Older People

There are 73,000 people over the age of 65 in the City of Toronto. Many of them have lived here for a long time and want to continue to live in a familiar community. We need a practical system of providing support to people as they age.

Age Segregation

We should not provide separate facilities for older people but try to integrate older people into the mainstream of Canadian society.

Seniors should be housed in mixed communities and buildings should be designed so that they are accessible to people of all ages. As a matter of public policy, seniors apartments should be permitted only if they provide appropriate support services. There should be no reference to housing segregated by age in the Official Plan.

Residential Facilities

The reform of long-term care proposed by the provincial government will likely improve the quality of life in institutions. It may also decrease access to residential facilities by people who require a moderate level of care. The City should develop a strategy for providing intermediate care in the community.

City Council should support Metro Toronto in its efforts to maintain a high level of care in municipal homes for the aged. It should also request a moratorium on the development of commercial nursing homes.

The City should urge the provincial government to regulate the care in retirement homes and ensure that residents of retirement homes have the rights of tenants.

Employment

Older people do not have to be a burden on society. They should be allowed to work in good jobs without discrimination. Unemployment is more prevalent among people over age 55 than among younger people; the City of Toronto should consider designating older people under the Equal Opportunity and Contract Compliance Programs.

Income

Older people need an adequate income in order to be independent. There have been enormous gains in income security in the past twenty years, mostly because of government programs, and older people are no longer the poorest segment of society. About 20 percent of Toronto seniors are very poor, especially women and the very old. People with low incomes are disabled at a younger age and have a shorter life expectancy than the well to do.

Pensions

Private pensions account for less than one sixth of the income of seniors and less than one third of workers now in the private sector are members of a private pension plan. Young people in their turn need jobs with good salaries and benefits to maintain good health and to fund their retirement.

Health

Although many older people are in good health, most have a chronic health or physical condition. People in their 50s and 60s have a suicide rate 50 percent higher than people in their 20s.

People need more help if they are to stay in their own homes in their own communities. Many older people bear a high cost for their independence in loneliness, poor personal care and physical risk.

Help in the Home

Services in the home should be available in all parts of the city. Families are no longer able to provide all the necessary care; this often results in an emergency admission to a hospital or long-term care facility.

Women are the primary caregivers for elderly people. They require support and respite services. Some employers are allowing their staff to take time off in order to care for elderly people.

Fitness and Recreation

Although fitness and recreation are essential in maintaining people in the community, the provincial government's strategic plan does not address these issues. The Department of Parks and Recreation is reviewing its mandate for leisure services to older people.

Transportation

The TTC has adopted a program to make its service more accessible to elderly people. Wheel-Trans service should be modified to be more appropriate for the needs of older people.

Coordination

Information and coordination of services are essential for individual and community planning. Services must be responsive to our multicultural community and be appropriate to people with disabilities, homeless people and people who cannot read.

Planning with Older People

The knowledge, skills and experience of older people should be employed in planning for older people and individuals should be consulted in planning for their own future. The City should appoint older people to its boards and committees. It should also ensure that meetings and promotional materials are made accessible to people of all ages and people with disabilities.

Projections

Although Canadian society is getting older and some communities are experiencing dramatic increases in the number of older people, the number of people over the age of 65 in the City of Toronto declined by 6.4 percent in the period 1971-86. The number of older people in the City is expected to increase by 10.7 percent by 1991.

People over 80

There are more than 9,000 households in the City of Toronto where everyone is over the age of 80. There will be massive increases in this age group over the next two decades.

Zoning By-law and Official Plan

A variety of changes in the Zoning By-law and Official Plan would help to implement these planning principles.

Photo: City of Toronto Archives

Photo: Lee Coboume

Recommendations

1. That all references to housing segregated by age be removed from the Official Plan.
2. That the Commissioner of Planning and Development report further on recommended changes to the following definitions in the Zoning By-law pertaining to accommodation for older people:
    a) *Senior citizens housing*
    b) *Home for the aged*
    c) *Nursing home, convalescent home or rest home.*
3. That the Commissioner of Planning and Development and the Commissioner of Housing be requested to report on a strategy to provide community homes and congregate apartments for older people. Such a home would have communal dining and living areas, provide monitoring and coordination, have a staff person available 24 hours per day and be managed by a non-profit group. This would be an as-of-right use.
4. That City Council indicate its desire to Metro Council and the Toronto Transit Commission to have a senior resident of the City of Toronto appointed to the Wheel-Trans Advisory Committee.
5. That the Nominating Committee be requested to report on a plan to recruit older people to committees, boards and commissions.
6. That the Executive Director of Management Services be requested to report on the desirability of designating older people under the Equal Opportunity and Contract Compliance Programs.

7. That the Executive Director of Management Services be requested to report on a corporate program to recruit volunteers from the civic service for agencies which provide service to older people.

8. That City Council request the Minister of Citizenship with responsibility for Senior Citizens' Affairs to:
   a) Move quickly to regulate the quality of personal and nursing care provided in rest, retirement and boarding homes; and
   b) Bring rest, retirement and boarding homes under the Landlord and Tenant Act, the Rental Housing Protection Act and the Residential Rent Regulation Act.

9. That City Council request the Minister of Health to award new extended care beds only to residential facilities operated by non-profit corporations or municipalities.

10. That the Toronto Mayor's Committee on Aging be requested to hold a public meeting to discuss this report.

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Photo:: Sunnybrook Health Science Centre, Run for Research

1

Changing Our Ideas about Aging

Most people expect to grow old but do not have realistic expectations of what it means to be old. This lack of knowledge and understanding prevents us from planning for our own old age.

Many of us believe two contradictory myths:

- Old people are senile, frail and decrepit and are not capable of looking after themselves.
- But it will never happen to me.

Principles and Objectives

The truth is quite different from our shared myths. Here are five statements about older people to keep in mind when planning for growing old.

- Older people are very different from each other.
- Older people have a wide range of skills and experience.
- Older people are like other people, they are just older.
- Older people may have special needs.
- Older people are changing faster than we can change our planning.

Older people are very different from each other

Here are some facts about Torontonians over the age of 65.

- One half are under age 75 and one half over age 75.(1)
- One half have low incomes; one out of five are very poor.(2)
- One half of senior households are tenants and one half are homeowners.(3)
- One half of senior households have only one person and one half have two or more.(4)

As people get older, the more different they become. There is astonishing diversity among older people:

- In their income, health and wealth
- In their experience, skills and knowledge
- In their language, education and country of origin
- In their abilities, disabilities and self sufficiency.

We must acknowledge this diversity and not expect to find a universal plan which will apply to all older people.

Objective

- Provide a wide and flexible range of options to serve a wide range of people.

Older people have a wide range of skills and experience

Old people should be seen as our natural leaders. Their skills were acquired over a long life. They have seen many changes and made many changes. Their experience in how things work in practice provides a realistic view of our political and community structure.

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(1) Statistics Canada, 1986 Census. Of the 72,925 people in the City of Toronto over age 65 in 1986, 32,570 or 45 percent were over age 75.

(2) Statistics Canada, 1986 Census and Ministry of Revenue, 1990, unpublished data.

(3) City of Toronto, 1986 Assessment. Of the 47,666 household units in the City of Toronto with people over age 65, 25,431 or 53 percent were rented and 47 percent occupied by the owner.

(4) City of Toronto, 1986 Assessment. There were 23,628 households or 50 percent of senior households with only one person.

Retirement from the labour force is associated with a decrease in income, status and power. We can no longer afford to disable our community by disregarding the skills and expertise of a capable group of people.

Objectives

- Enable older people to contribute to our society.
- Plan for older people in cooperation with older people.
- Recognize the leadership potential of older people.
- Capitalize on cultural diversity to provide richness and variety in community life.

Older people are like other people, they are just older

Older people have friends and family. They want to be healthy and have fun. They continue to do things they did when they were younger as well as learn new skills in old age. Fewer than ten percent of people over the age of 65 live in a collective living environment and over 90 percent live in the community.(5)

Objectives

- Provide service according to the need for service not according to age.
- Integrate older people into new and existing facilities.
- Allow older people to take risks and make decisions for themselves.

Older people may have special needs

Although many older people are in good health and manage on their own, most have a chronic health or physical condition. Many old people have several such chronic conditions and are severely restricted in their lives. By the age of 80, most people require some help with managing their daily activities. About 40 percent of people over the age of 85 live in a collective home and only 30 percent of people over age 85 are not restricted in their ability to carry out their daily activities.(6)

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(5) "Services to Seniors in Metropolitan Toronto", Commissioner of Community Services to Long Term Care Subcommittee, Metropolitan Toronto, December 20, 1989.This report estimates that there were 19,876 long-term care beds in Metro Toronto in 1989.
Statistics Canada, 1986 Census. There were 252,185 people over age 65 in Metropolitan Toronto in 1986.

There are more than 9,000 households in the City of Toronto where everyone in the household is over the age of 80.(7)

Objectives

- Incorporate design for special needs into the design of services and facilities.
- Provide service appropriate to the needs of the older person.
- Provide special services of a quality equal to general services.
- Assist people in planning for old age.
- Provide support for caregivers of elderly people.

Older people are changing faster than we can change our planning

The dramatic increase in the number of the very old has astonished demographers and gerontologists are divided on its implications. It is not clear whether the increase in the length of our lives is an extension of the period when we are active and healthy, an increase in the length of time we are frail, or some combination of the two.(8)

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(6) *Elderly Residents in Ontario: Health*, Minister for Senior Citizens' Affairs, 1985. This Ontario study surveyed people over the age of 62. Sixty-two percent rated their health as good or excellent although 93 percent had one or more health conditions. Sixty-one percent said that these conditions interfered with daily activities. Only 28 percent of people over the age of 85 were able to carry out all the activities of daily living.
Integration and Independence: A Demographic Profile of People with Disabilities and Policy Options for the 1991 Central Area Plan, Planning and Development Department, City of Toronto, 1990. This report on the Health Activity Limitations Survey shows that 38 percent of people over the age of 65 in the sub-provincial area including the City of Toronto are disabled.

(7) City of Toronto, 1986 Assessment.

(8) *Technology for the Elderly*, Metropolitan Toronto District Health Council, 1989.
Aging: Future Health Care Delivery, Institute for Health Care Facilities of the Future (Ottawa), 1988.
"Demand and Supply of Health Care Services", Kenneth Manton, in *Aging with Limited Health Resources*, Proceedings of a Colloquium on Health Care, Economic Council of Canada, 1987.

Any projections we can make now are based on current life expectancy and life expectancy may continue to increase. An increase of even one year at age 65 would outdate plans which were based on numbers alone. If we cannot predict the number of older people and the degree and type of service they will need, then we will have to plan services and facilities which are flexible enough to accommodate the increased or decreased demand.

Our knowledge about the effects of the aging process is changing rapidly as assumptions and conventional wisdom are being challenged.

Objectives

- Develop services and facilities which are flexible in order to accommodate changing and growing needs.
- Coordinate services to eliminate delays, gaps and overlaps.
- Tailor the type and level of service to the individual to accommodate changing needs.

A Challenge for Change

We all know some older people. They are not a group apart from us but our mothers and fathers, brothers and sisters, grandparents, aunts, uncles, cousins and ourselves. There are many older people in Toronto who have lived here for a long time and want to continue to live in a familiar community with their families nearby.

A practical system of providing services for a continuum of needs would support people as they age. It would smooth the worries of those of us who are trying to organize care for our families and friends and give more time for work, recreation and personal relationships.

An appropriate mix of people – children, older people and young and middle-aged people – is a measure of a successful community. A city with an overrepresentation of any group is not stable, interesting or attractive. The challenge for all sectors of society is to plan to integrate older people into society.

Photo: Metro Homes for the Aged, Andrew Stawicki

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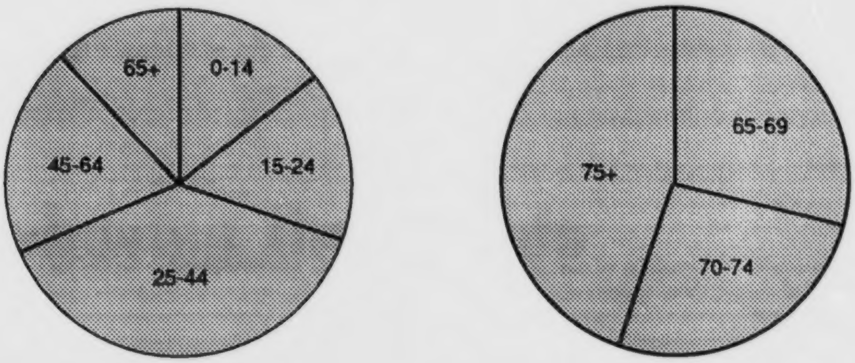
Reviewing the Trends

One person in eight in the City of Toronto is over the age of 65. The number of seniors in Toronto declined by 6.4 percent in the 15 years between 1971 and 1986, while the rest of the region, the province and the country as a whole were experiencing a seniors boom. During the same period, the number of people over age 65 in Metropolitan Toronto increased by 47.6 percent.

City of Toronto Population 1986

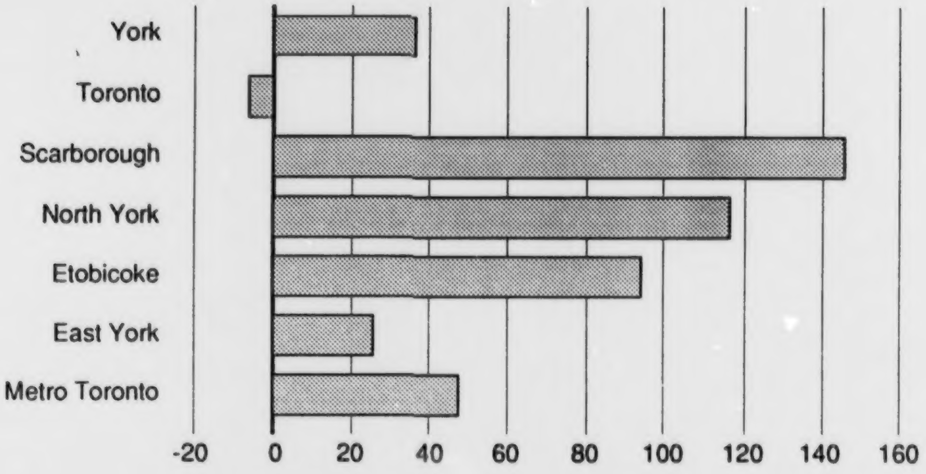


Total Population = 612,289

Over Age 65 = 72,925

Source: Statistics Canada, 1986 Census

Percentage Change in Population by Municipality, Age 65+ 1971-1986



Source: Statistics Canada, 1986 Census

In Toronto and all over the world, the largest growth has been in the over 85 age group. The Province of Ontario predicts that the number of Ontario residents over age 85 will more than double between 1983 and 2011.(9) The very old group is dominated by women, with 280 women for every 100 men over age 85. The corresponding ratio for the whole group of people over age 65 is 162 women to 100 men.(10)

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(9) *A New Agenda: Health and Social Service Strategies for Ontario's Seniors*, Hon. Ron Van Horne, Minister for Senior Citizens' Affairs, Ontario, 1986.

(10) Statistics Canada, 1986 Census.

Population Projection, City of Toronto

There are a number of factors which influence projections of population.

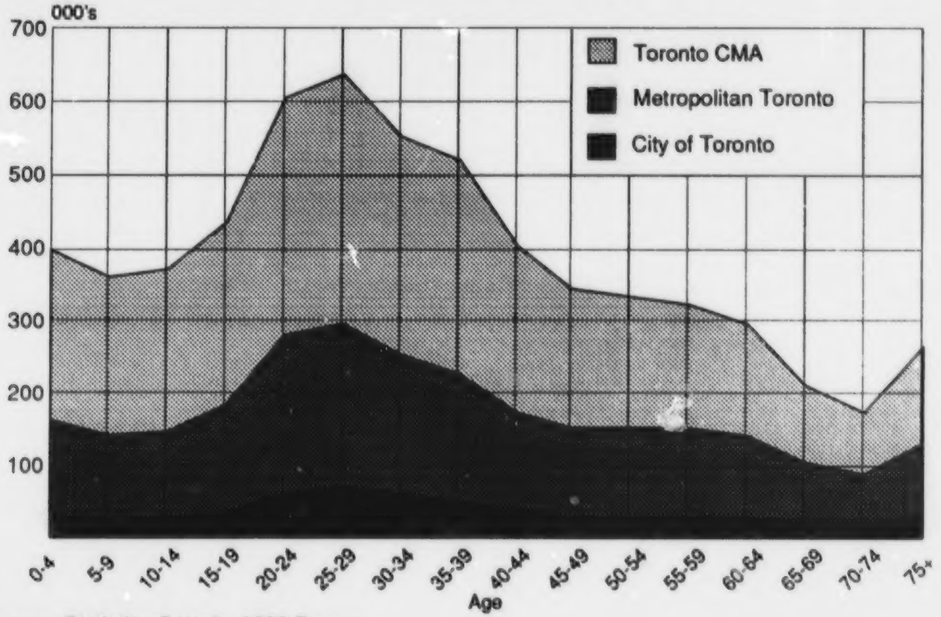
- Birth rate
- Death rate
- Migration
- Immigration

Because older people do not move very often, we can disregard migration and immigration and base a short-term projection of the number of seniors on the concept of aging in place. We can project that there will be 81,100 people over the age of 65 in the City of Toronto in 1991, an increase of 10.7 percent over 1986. Unless policy initiatives increase the migration of seniors, we should expect a smaller rate of growth in the following ten year period because of the lower birth rates during the depression.

Population Projection, Metropolitan Region

The Metro Planning Department projects that the number of seniors in Metro Toronto will increase by 87 percent by 2021, while the number of seniors in the municipalities on the fringe of the region will be more than four times its present size. These projections reflect the period of migration when new housing was built in new communities.

Comparison of Population by 5 Year Age Groups, 1986



Source: Statistics Canada, 1986 Census

Population Targets

Metropolitan Toronto has set a population target of 2.5 million in the year 2011. Various policy initiatives will be required to meet that goal. The City of Toronto Planning and Development Department has projected targets for the City of Toronto based on this goal and information supplied by the provincial Office of Economic Policy.(11)

A Young Society

Canada is a young society when compared to other industrialized nations, which are already experiencing high proportions of older people. In 1985, the percentage of the population in Sweden over the age of 65 was 17 percent. Canada is not expected to reach such a proportion of older people for another two or three decades.(12)

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(11) *Integration and Independence*, op.cit.
(12) *Canada's Seniors*, Leroy Stone and Hubert Frenken, Statistics Canada, 1988.

Birth Rate

The main cause of the increase in the proportion of older people in the population is the decline in the birth rate. During the first twenty years of this century, the birth rate remained stable between 29 and 31 per 1000 population. It declined during the depression and then increased dramatically to a high of 28.9 in 1947. The birth rate stayed near this high rate throughout the 1950s then declined to 14.4 in 1987, less than half the 1947 rate and considerably lower than its previous low during the depression.(13)

The 1986 census shows a 11.9 percent increase over 1981 in the City of Toronto for the age group 60-64, who were born between 1922 and 1926. There will probably be a small decline in this age group in 1991 and 1996 reflecting the lower birth rate in the depression.

Future Birth Rates

Future birth rates are also an issue for an aging population. A marked decrease in the birth rate now would signal a drop in the number of people entering the labour force in the future and a consequent loss in tax revenue. An increase in the number of children would require a diversion of tax dollars to pay for child care and education.

While there is some uncertainty over trends in fertility, most government demographers are considering only modest changes in fertility when making projections of the population. Some experts are arguing that the noticeable trend of younger women to postpone or forego children will lead to a drop in the birth rate. There is also an increased incidence of infertility and sterility because of the increase in sexually transmitted diseases and pelvic inflammatory disease.(14)

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(13) "Trends in Birth and Fertility Rates, Canada, 1921 - 1987", Surinder Wadhera, *Health Reports*, Vol. 1, No. 2, Statistics Canada, 1989.

(14) "Historical Change in the Family Life Course of Canadian Men and Women", Ellen Gee, in *Aging in Canada: Social Perspectives*, 2nd edition, Victor Marshall ed., Fitzhenry and Whiteside, 1987.

Death Rate

The most important factor in the increase in the number of older people is the decline in the death rate in older age groups. Between 1961 and 1981, the life expectancy at age 65 increased by three years for women and one year for men.(15) At age 65, women in the City of Toronto can expect to live another 18.9 years while men can expect another 15.0 years.(16)

Life Expectancy and Income

There are significant differences in life expectancy according to income. In 1986, the life expectancy at birth for a man in the highest income quintile was 5.6 years more than for a man in the lowest income quintile; the difference for women was 1.8 years. These differences have declined since 1971, probably because of the introduction of universal medicare in the 1960s. In 1971, the differences were 6.3 years for men and 2.8 years for women.(17)

Most deaths are caused by lifestyle diseases, especially cancer and heart disease. According to Statistics Canada, there are significant differences related to income for deaths caused by circulatory diseases, tumours, accidents and respiratory and digestive diseases.(18)

A recent study of deaths of men who had contributed to the Canada Pension Plan showed that a man in the bottom five percent of earnings in the 20 years before retirement was twice as likely to die before age 70 than a man in the top five percent.(19) The study raises the question of whether universal access to medical care is adequate to maintain good health.

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(15) *Aging: Future Health Care Delivery*, op.cit.

(16) *Health Status Report 1988*, Public Health Department, City of Toronto, 1989.

(17) "Changes in Mortality by Income in Urban Canada from 1971 to 1986", Russell Wilkins, Owen Adams and Ana Brancker, *Health Reports*, Vol. 1, No. 2, Statistics Canada, 1989.

(18) ibid.

(19) "Income, marital state tied to men's life expectancy", Ann Silversides, *The Globe and Mail*, October 23, 1989.

Health and Income

Income is also an indicator of health status. There is a significant difference in the number of years of disability or chronic health condition based on income. A high-income man can expect to have 14.3 more years without disability than a low-income man, while the difference for women is 7.6 years.(20)

Future Health

It is commonly stated that future generations of seniors will be more fit and healthy than the current generation but there is limited evidence to support this point of view. Although deaths from heart disease have dropped in the past three decades, there is some question as to whether these gains can be sustained. The incidence of cancer has increased by approximately 2000 cases per year in Canada and is expected to continue to increase because the population is aging and the incidence of cancer increases with age. The mortality rates from cancer have been increasing slowly.(21)

The Public Health Department is analysing causes of death and relating them to economic and environmental conditions and will publish a report on health inequalities.

Migration

Older people do not change their residence very often. Most older people want to live in the same home or in a new home in the same community as they get older. The 1981 census shows that 72 percent of people over age 65 in the Toronto Census Metropolitan Area lived in the same residence as five years before and 16 percent lived in a different home in the same Census Metropolitan Area. The Metropolitan Planning Department expects fewer than three percent of the people moving into or out of the region in any one year to be seniors.(22)

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(20) *Healthy Toronto 2000*, Board of Health, City of Toronto, 1987.

(21) "Cancer in Canada, 1984", Leslie Gaudette, *Health Reports*, Vol. 1, No. 2, Statistics Canada, 1989.

Community Size

There is a marked variation in the percentage of elderly people according to the size of the community. The percentage of people over age 65 in Canadian communities with populations over 500,000 is ten percent. There is a gradual increase in the proportion of elderly people as the size of the community decreases, reaching a high of 14 percent in the smallest communities of 1,000 to 2,500 people.(23) This reflects both the greater mobility of younger people, who are leaving small communities to seek employment in the cities, and the greater stability of older people.

Some medium-size communities actively encourage older people to move there on retirement. Elliot Lake, Ontario has been very successful in attracting older people. There is no evidence that the population of the elderly in Toronto will be significantly changed by these campaigns.

Central Areas

A recent Statistics Canada publication, *The Inner City in Transition,* which reports on twelve cities across Canada, shows that the central areas of most cities have higher proportions of older people than the rest of the city. Much of the proportional change can be attributed to young and middle-aged people, who moved in the 1950s and 1960s to new development in the suburbs while older people stayed on in the city. The proportion of elderly in the inner cities peaked in 1981 but is now declining as the inner cities recover.

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(22) *Projections and Their Policy Implications,* Metropolitan Toronto Planning Department, 1989.
(23) Statistics Canada, 1986 Census.

Redevelopment

Because new housing was built, Toronto recovered earlier than other cities. The population in the Central Area of the City of Toronto increased by 17.2 percent in the period 1976 to 1986, a rate of growth comparable to the 17.4 percent growth of the greater Toronto region. The number of people in the Central Area over age 65 increased by 15.5 percent in the same period. Most of this increase took place before 1981; between 1981 and 1986, the number of older people in the Central Area increased by only 1.1 percent.(24)

Based on these observations it appears that when there is a decrease in the population in the inner city, the proportion of older people increases. On the other hand, when the population increases, there is an increase in young and middle-aged people turning to a more urban lifestyle resulting in a smaller proportion of older people. The Central Area Residents' Survey discovered that people over the age of 65 represent only six percent of the occupants of new housing units built since 1985 in the Central Area.(25)

Since new development tends to attract people of a younger age than the average for the city as a whole, large scale redevelopment will be a constraining influence on the proportion of older people living in Toronto.

Immigration

Half of all the immigrants living in Canada in 1986 arrived here before 1967 and many of these people are now senior citizens.(26) In the Metropolitan Toronto region, 52 percent of residents over the age of 65 in 1986 were born outside Canada.(27)

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(24) ibid.

(25) *The Central Area Residents' Survey 1989*, Planning and Development Department, City of Toronto, 1990.

(26) "Canada's Immigrant Population", Jane Badets, *Canadian Social Trends*, Autumn 1988.

(27) Statistics Canada, 1986 Census.

The age composition of residents who were immigrants to Canada is very different from that of people who were born in Canada. In 1986, 17 percent of people who had immigrated to Canada were over the age of 65, as compared with nine percent of Canadian-born residents.(28)

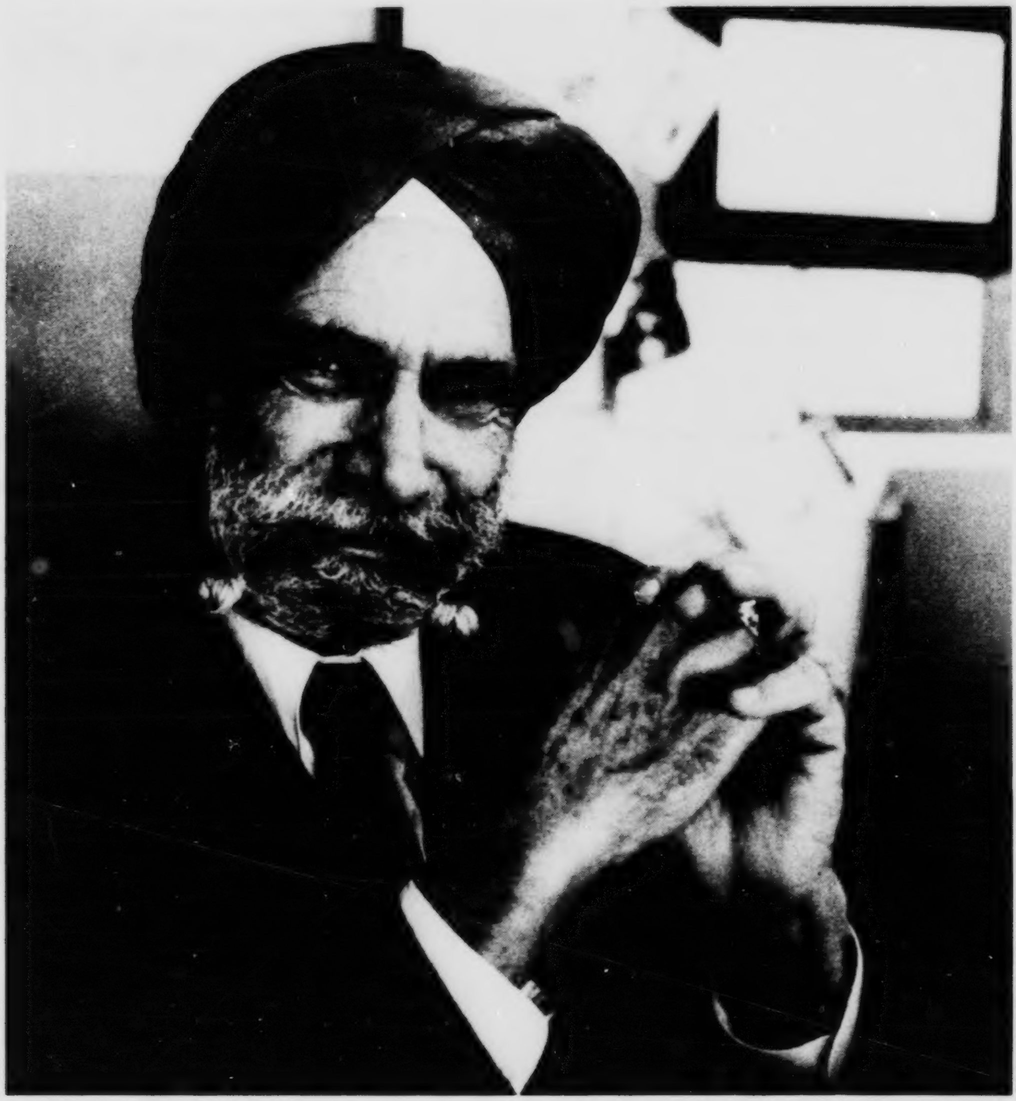

Photo: Vince Pietropaolo

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(28) "Canada's Immigrant Population", op.cit.

Ethnicity and First Language

The 1981 census collected information about both ethnicity and first language. Since ethnic identity tends to be assimilated into general Canadian society after one or two generations and younger people often speak English as their first language, we should view these figures with some caution. It is interesting to note, however, that of the residents of the city in 1981 who called themselves Baltic, 31.4 percent were over age 65, as compared with 18.8 percent Polish, 25.1 percent Ukrainian, 17.4 percent Jewish, 15.4 percent British and 12.5 percent for the city as a whole.(29)

Current Immigrants

The pattern of immigration to Canada has changed dramatically. For many years our immigrants were predominantly from Europe and the United States; now they come from Asia and the Caribbean. Immigrants used to send for their sons and daughters after they were settled; now family reunification means sponsoring elderly parents to immigrate to Canada. In 1986, 5.2 percent of immigrants to Metropolitan Toronto were over the age of 65.(30)

The South Asian and Chinese communities have a large number of people who came to Canada after age 55 and who, unlike their sons and daughters, do not speak English.(31) Because their children are well established, they do not live in the traditional immigrant reception areas with people from the same background.

(29) *Multiculturalism 2000*, Michael Fay, Department of Public Health, City of Toronto, 1988.

(30) *Immigrant Landings to Ontario: Community Profile - Toronto Metro, January 1 to December 31, 1986*, Ontario Ministry of Citizenship, 1988.

(31) *Health Care Needs of the Chinese Elderly Population: A Needs Assessment*, Report prepared for: The Chinese Community Nursing Home for Greater Toronto, with the Assistance of the Health Care Research Unit, Faculty of Medicine, University of Toronto, 1989; and comments from agency workers.

Elderly immigrants are scattered and isolated throughout the greater Toronto region. Many of the women care for their grandchildren and many men work at part-time or low-paying jobs, as crossing guards, cleaners or taxi drivers. Other elderly immigrants are financially independent and require only social support from their families.(32)

Immigration of elderly people will probably not have much effect on the proportion of older people in the City of Toronto but it may create significant new needs for service.

CHECKERBOARD

Photo: Vince Pietropaolo

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(32) These remarks are based on comments in private discussions.

3

Income and Employment

The economy grew substantially in the 1960s, flattened out in the 1970s, entered a recession in the early 1980s and boomed in the later 1980s. A recession is now underway in the early 1990s. People who are now in the pre-retirement and early retirement age groups benefitted from this earlier economic prosperity. Their homes and other assets increased in value and their pension plans and retirement investments grew dramatically with the high interest rates of the inflationary period.

Assets

Only one half of people over the age of 65 in the City of Toronto own their homes.(33) Some of these people are indeed rich but most are house rich and cash poor. In 1984, elderly families had a net worth of $131,000 compared with $100,000 for all Canadian families.(34)

Intergenerational Issues

The generation of people who are now middle-aged is experiencing a lower standard of living than previous generations and has amassed much less wealth. They will have great difficulty in funding their own retirement from savings and assets. Between 1973 and 1986, there was a significant improvement in the relative wealth of people over 55 compared to people in the 35 to 54 age group.(35)

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(33) City of Toronto, 1986 Assessment.

(34) "Income of Canada's Seniors", Colin Lindsay and Shelley Donald, *Canadian Social Trends*, Autumn 1988.

(35) *Legacies: Twenty-sixth annual review*, Economic Council of Canada, 1987.

Dependency Ratios

Some people are worried that the large number of baby boomers coming to old age beginning in 2011 will be a burden for the working population. The usual way of showing this burden is by dependency ratios – the number of children under age 18 plus the number of people over age 65, calculated as a percentage of people in the working age group, 18-64. The dependency ratio in the City of Toronto declined from 53.9 in 1966 to 36.1 in 1986.(36)

Labour Force

Not everyone in the 18-64 age group is in the paid labour force and not everyone over age 65 is retired. The proportion of men over age 55 in the Toronto region who worked for pay declined from 56.1 percent in 1976 to 50.4 percent in 1987. During the same period, the participation in the labour force of Toronto area women of all ages increased from 53.2 percent to 63 percent.(37) The employment of Canadian men over age 65 declined from about 60 percent in 1921 to 25 percent in 1961 and seven percent in 1986. Many older people in Metro Toronto are still working. Thirty-three percent of men and 14.5 percent of women aged 65 – 69 are still in the labour force.(38)

Poverty

The financial situation of the elderly has improved substantially since the 1970s. According to *The Canadian Fact Book on Poverty in 1989*, only eight percent of elderly couples were poor in 1986 compared with 17 percent in 1973. The situation is not as rosy for the single elderly. In 1986, single elderly people had a poverty rate of 43 percent; a further 21 percent lived just above the poverty line. Single elderly women are even more likely to be poor – 46.1 percent, down from

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(36) *Health Status Report 1988*, op.cit.

(37) *Social Infopac*, Vol. 7, No. 2, July 1988, Social Planning Council of Metropolitan Toronto.

(38) *Final Report of the Special Committee of the Senate on Aging*, Senate of Canada, 1966; and Statistics Canada, 1986 Census.

65.4 percent in 1980. In the greater Toronto area, more than half of senior households had an income under $20,000 in 1985.(39)

Sources of Income

Almost 52 percent of the income of the elderly in 1986 came from government programs. Fewer elderly people are required to work to support themselves; income from employment dropped from 21.8 percent of income in 1971 to 9.8 percent of income in 1986. Private pensions increased slightly in importance from 13.2 percent of income in 1971 to 15.7 percent in 1986. Elderly women receive only 10.5 percent of their income from this source.(40)

Role of Government Programs

The majority of elderly people receive most of their income in the form of government benefits and pensions and most of the improvement in the poverty rate among the elderly can be attributed to improvements in the public pension system. All public income support programs are indexed to inflation.

Full Old Age Security is paid to all Canadian residents over the age of 65 who were living in Canada in 1977 and had 10 years residence on application for OAS or who had lived in Canada for 40 years since the age of 18. A partial pension is paid at the rate of 1/40 per year of residence after the age of 18.

The Guaranteed Income Supplement is paid to people over the age of 65 who are receiving full or partial OAS and are in need. In 1989, Canadians were eligible for GIS if their outside income in 1988 was below $9,624. A poor senior with no outside income had a total income of $8,644 in 1989 – $3,950 from OAS and $4,694 from GIS. A senior with an outside income of $9,000 received only $194 from GIS and had a total income of $13,144.

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(39) Statistics Canada, 1986 Census.
(40) "Income of Canada's Seniors", op.cit.

The Ontario government also guarantees a minimum income to seniors through the Guaranteed Annual Income System (GAINS). A single person was guaranteed an income of $827.20 per month as of April 1990 and each person in a married couple $686.30. People who receive GAINS and GIS are still very poor while people who receive only GIS are less poor.

Unpublished data provided by Health and Welfare Canada and the Ministry of Revenue, Ontario show that 36 percent of City of Toronto elderly receive GIS and 20 percent receive GAINS.

Poverty Line

In 1989, Statistics Canada estimated the poverty line for a single person living in a large city to be $12,037. A single person receiving maximum federal government benefits had an income which was still $3,393 below that line. An elderly couple on full benefits received $16,000, which was $125 above the poverty line.(41)

The Near Elderly

Single, older people in the near elderly age group are often worse off than people over age 65.

The Spouse's Allowance is paid to low-income people between the ages of 60 and 64 who are married to GIS recipients. If both spouses are below the age of 65 or if one spouse is under age 60, there is no provision for assistance. The Widowed Spouse's Allowance is paid to low-income widows and widowers of former recipients of GIS.

There is no federal income program for never married or divorced people in need, aged 60-64.

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(41) *Pension Reform: A Report by the National Council of Welfare*, 1990.

Canada Pension Plan

The Canada and Quebec Pension Plans have matured and seniors receive 13.9 percent of their income from this source. Canada Pension Plan benefits are paid to people who have contributed to the plan during employment or to surviving spouses or dependent children of contributors. Full benefits are payable at age 65 and a reduced pension at age 60. A single person who received full CPP benefits of $6,801 in 1989 still had an income low enough to qualify for GIS. The total income for such a person was $12,217, only $180 above the poverty line for a large city.(42)

Canada Pension Plan Funding

The Canada Pension Plan is universal, portable, fully vested and fully indexed to inflation but it is not fully funded. CPP funds are lent to the provinces at lower than market interest rates rather than invested to fund the future pensions of current contributors. Since payments under CPP are funded by current revenues, the projected increase in the number of pensioners will be a considerable burden for future contributors. On the other hand if the CPP were fully funded for future pensions, the cost to provincial governments of borrowing money would raise current income taxes.

Private Pension Plans

Older people who are now retired receive only 15.7 percent of their income from private pension plans.(43) Although most workers in the public sector are covered by occupational pension plans, only 32 percent of people now working in the private sector are members of private pension plans.(44)

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(42) ibid.

(43) "Income of Canada's Seniors", op.cit.

(44) *A Pension Primer: A Report by the National Council of Welfare*, 1989.

Pension Reform

The Pension Benefits Act (Ontario) was revised in 1987. Pensions are now locked in after only two years; this prevents people from withdrawing their pension contributions when their employment is terminated. All pension plans must now have survivor rights; if a person dies before retirement, the surviving spouse has a right to benefits. Surviving spouses can now keep their survivor pension benefits when they remarry and pension plans may be split on marriage breakdown by contract or court order. Annuities payable on retirement may not differentiate by sex; women used to receive a smaller payment because of their longer life expectancy.

Old Age Security and Elderly Immigrants

Until 1977, a minimum of ten years residence was required to receive a full OAS pension. Immigrants now have to earn their pensions at the rate of 1/40 for each year of residence since age 18 with a minimum of ten years. Once a person begins to draw pension, additional years of residence are not counted towards the entitlement.

Social Security Agreements

Some immigrants receive OAS benefits after only one year in Canada because Canada has a reciprocal agreement with their home country. Immigrants from these countries can count the period of residence in their home country towards the minimum period of eligibility for OAS. The OAS benefit is calculated on the actual period of residence in Canada.

There is a guaranteed income for people receiving OAS, equivalent to a full OAS benefit plus a full GIS benefit. A person who immigrated at age 64 from a country with a social security agreement such as Italy, Greece or Portugal could receive the maximum government benefit at age 65, while a person from a country without an agreement such as Hong Kong, India or Guyana would have to wait 10 years.

Since most of the people now immigrating to Canada come from a country without a social security agreement, many people who immigrated to Canada in their later years are dependent on their family or welfare.

Sponsorship

People who enter Canada under a sponsorship agreement are expected to depend on their sponsor for financial support for ten years. Sometimes the sponsorship agreement breaks down and the elder is abused or abandoned and forced to turn to welfare for assistance. In order to guard against this breakdown in support, the Ontario Advisory Council on Senior Citizens recommended in its report *Aging Together*, that the Government of Canada require people who are sponsoring a relative over the age of 55 to post a performance bond to guarantee care.

In practice, the recommended bond would not protect elderly people. The sponsored person would be even less likely to report mistreatment if it meant that the family would lose a considerable amount of money. Families who could not afford to post a bond would be obliged to leave the elderly person in the home country in circumstances which might be hazardous until money was available.

Unemployment

It is well known that people have trouble finding employment after the age of 45. That situation will become increasingly more serious with the aging of the labour force. The number of Canadians in the age group 45-64 will increase from 4.9 million to 6.7 million between 1985 and 2001.

Unemployment among older Canadian workers has been increasing. During the 1982 recession, it was 6.9 percent; in 1986, after economic recovery, it was 7.3 percent. Statistics Canada estimates that 41 percent of older workers in the age group 55-64 who lost their jobs left the labour force. The average period of unemployment was nine weeks longer for older workers than for younger workers.(45)

Because the economic recovery was concentrated in central Canada, unemployment was lower in Toronto than in the rest of the country. But the recovery did not bring equal benefits to all age groups. In 1987, workers in the Toronto area under age 45 had a lower rate of unemployment than in 1976, while for workers over age 45, unemployment had increased. The duration of unemployment increased for both groups, 21 percent for workers aged 25-44 and 36 percent for workers over age 45.(46)

Retraining

Older people are disproportionately affected by plant closings, economic restructuring and technological change. Because they have less education and their skills may be out of date and not transferable, they may not be able to find work when new jobs are created in other industries. The Canada Employment and Immigration Advisory Council has repeatedly recommended to the minister that appropriate training and adjustment programs be introduced.

(45) *The Unemployed Older Worker Phenomenon: A Problem That Will Not Go Away*, Canada Employment and Immigration Advisory Council, 1988.

(46) *Social Infopac*, Vol. 7, No. 2, op.cit.

Attitudes to Older Workers

Recent studies have shown that age-related differences in job skills are less important than is popularly believed and that age should not be a barrier to employment. Older workers benefit from training on the job where the requirements can be experienced. Young people perform better at rote learning but lack the experience to apply this learning on the job.(47) Older workers are conscientious and loyal and excel in any job where experience is important.(48)

Photo: City of Toronto Archives

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(47) "Aging and the Capacity for Learning", Gilbert LeClerc, *Forces*, No. 90, Summer 1990.
(48) *Social Infopac*, Vol. 7, No. 2, op.cit.

Role of the City of Toronto

The City of Toronto has an unusual distribution by age of its employees; 16 percent of permanent employees, excluding fire fighters, are over the age of 55 as compared to 9.3 percent of the national labour force. An analysis by wage bands shows that 76.5 percent of employees in the age group 55-64 are in the bottom two out of five wage bands, as compared with 73.6 percent for all age groups.(49)

Because the civic service has many more men than women, and the participation of men over age 55 in the labour force is more than double that of women, an analysis by age and sex of both temporary and permanent employees would be more significant. The Executive Director of Management Services is planning to publish a comprehensive report on the demographics of the civic service.

The Management Services Department may wish to explore the possibility of making older workers a designated group for employment under the City's Equal Opportunity and Contract Compliance programs. The Parks and Recreation Department is already trying to attract more older workers. The City could also explore other specific programs for older workers through the community economic development and small business programs and grants to employment centres.

Mandatory Retirement

Mandatory retirement at age 65 was challenged in the Supreme Court of Canada as discrimination prohibited by the Canadian Charter of Rights and Freedoms. The court ruled against the challenge in December 1990. Mandatory retirement is more common in workplaces with organized labour forces and high wages. Unions defend the mandatory retirement provision because it allowed them to negotiate contracts where benefits are guaranteed at a specified retirement age. Some employers also like mandatory retirement because they believe that older workers are less productive or can not keep up with changing methods and technology.

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(49) Management Services Department.

It is increasingly difficult for society to afford mandatory retirement.

- Large numbers of older people will put a strain on the ability of workers to pay for public retirement benefits.
- People who have had shorter working lives, especially women who dropped out of the labour force or entered it in middle age, do not have adequate pensions to support themselves.
- As marriages break down, more women are participating in the labour force for a short time.
- Because women live longer than men, the buying power of their fixed incomes is eroded as they reach very old age.
- There is a shortage of skilled workers in the labour force.

Volunteering

Many older people volunteer their time and skills to community groups after they retire; in fact, as the participation of women in the labour force has increased, elderly people have become the mainstay of volunteer programs. Most volunteers in meals-on-wheels programs and other in home programs for the elderly are themselves elderly.

Some corporations have developed a program for their staff which permits employees to volunteer their time on their lunch hour to distribute meals-on-wheels. The program could also be used for specialized recruitment of volunteers. The City of Toronto could investigate a similar volunteer program for its staff.

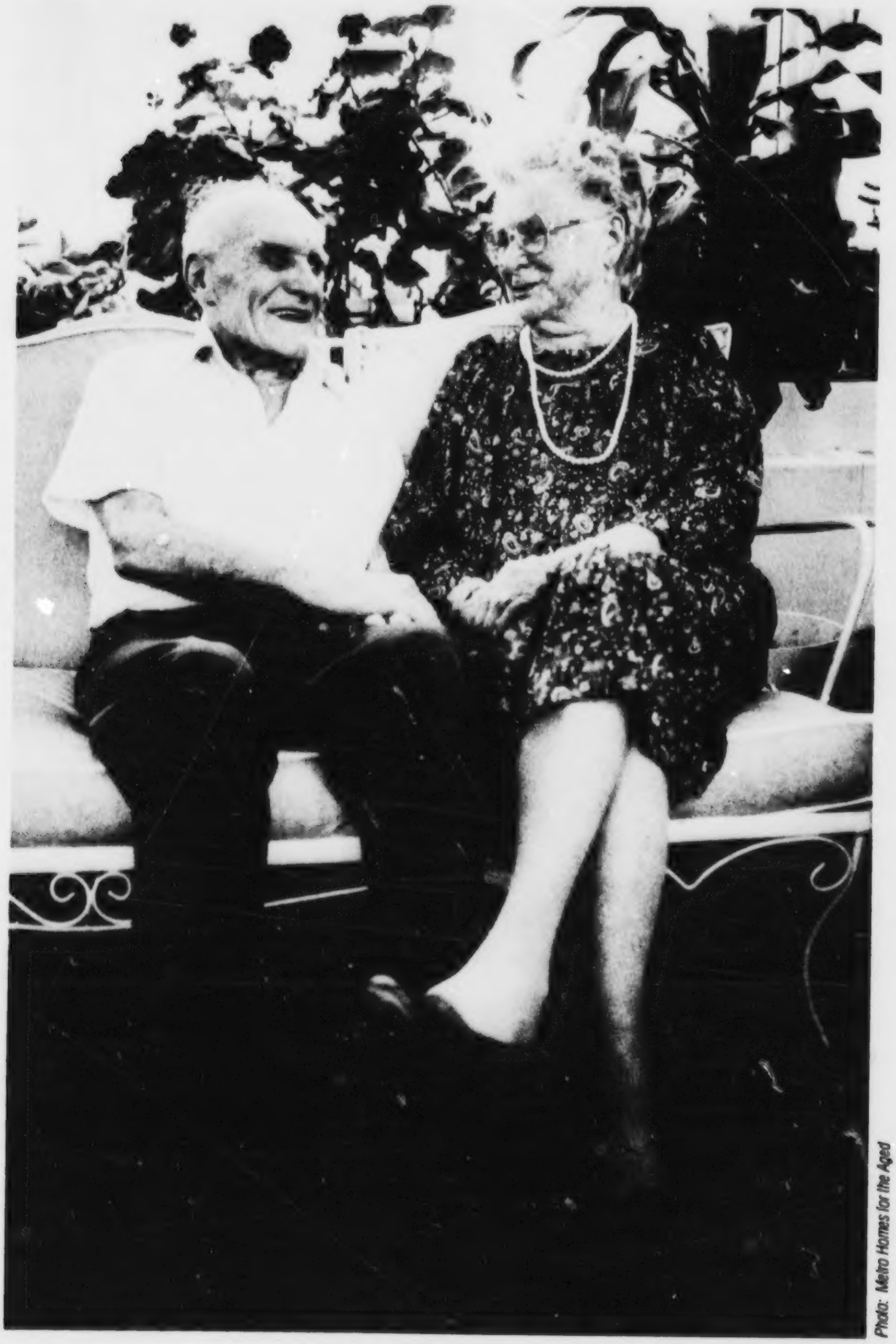

Photo: Metro Homes for the Aged

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Caring and the Family

Many older people report that they require some kind of assistance with the tasks of daily living. Relatives and friends are the most common providers of this kind of care. Caregivers may live with the elderly person or come in from time to time to provide assistance. Many caregivers are themselves seniors. A 70 year old daughter may care for a 90 year old mother and spouses, siblings or friends care for each other even to a very old age.

People need many different kinds of help:

- House cleaning, both regular and seasonal
- Garden work and snow shovelling
- Home repairs
- Shopping for groceries, clothing, presents, incidentals, furniture, medicine, vacations and personal items
- Financial management, banking and bill paying
- Transportation
- Security arrangements and safety
- Monitoring, both medical and of the daily schedule
- Reassurance and checking by telephone or in person
- Cooking and serving meals and washing dishes
- Laundry, dry cleaning and repairs

- Personal care, assistance with washing, eating, going to the toilet or going to bed
- Writing letters and reading
- Crisis intervention
- Filling in forms and organizing and coordinating service providers
- Errands

Help may be required on an occasional, seasonal or regular basis or just during sickness or other crisis.

Support for Caregivers

People who provide such care for elderly people need care themselves. They are made to feel guilty by a society that says that families are responsible for the care of elders but provides little support for that care. With the increased participation of women in the labour force, women are bearing not only the double burden of child care and employment but the additional burden of caring for parents, parents-in-law, husbands and siblings. Many families exhaust themselves in the effort to avoid a placement in a collective home. Such efforts often end in an emergency admission to hospital when they cannot find appropriate assistance.

Aging is a Women's Issue

Most old people are women,(50) most poor people are women and almost one half of single elderly women are poor.(51) Women who work for pay have an annual income which is two thirds of the annual income of working men(52) and elderly women in turn have an income only two thirds of that of women in the labour force.(53) Only one out of five elderly women receives any income from a private pension.(54)

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(50) Statistics Canada, 1986 Census. In 1986, 61.9 percent of people over age 65 in the City of Toronto were women.

(51) *Poverty Profile 1988*, National Council of Welfare, 1988. This report says that 56.1 percent of poor Canadians are women, 71.7 percent of poor people over age 65 are women and 41.6 percent of unattached elderly women are poor.

Widowhood

The average age of widowhood is increasing and is now about 70, while the proportion of widows among elderly women is declining.(55) About 32 percent of women aged 65-69 are widows; after the age of 75, most women are widows.(56) Women used to become widows in their late 50s when their youngest child was still at home.(57) Now their children are middle-aged, have families of their own and are not able to provide support to their mother. The ability of these widows to be well depends on their ability to arrange for services for themselves.

Changing Concepts of Caring

Immigrants who come from a culture where elders are respected and obeyed expect to live with their children as an extended family. These arrangements often do not work out because the younger people are now in a position of power and the older people feel left out, mistreated or lonely.

Improved economic conditions permit some elderly immigrants to live apart from their families if they wish and many ethnocultural groups are building homes for the aged or supported apartments so that their older people may live independently.

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(52) "Income, pensions and inequality in later life", Joseph A. Tindale, in *Social Inequality in Canada: Patterns, Problems, Policies*, James Curtis et al., ed., Prentice Hall Canada, 1988.

(53) "Income of Canada's Seniors", op.cit.

(54) *Pensions and Incomes of the Elderly in Canada, 1971-1985*, Income Analytic Report No. 2, Statistics Canada, 1988, reports that 21.4 percent of women received a pension in 1985 and 18.8 percent in 1984.

(55) "Historical Change in the Family Life Course of Canadian Men and Women", op.cit.

(56) *Canada's Seniors*, op.cit.

(57) "Historical Change in the Family Life Course of Canadian Men and Women", op.cit.

A study conducted to assess the health care needs of Chinese people over the age of 60 found that 34 percent of the elderly surveyed lived alone and a further 28 percent lived with their spouse alone. Ninety-four percent of all seniors surveyed said that they were satisfied with their current living arrangements. Eighty-seven percent of family members surveyed felt that an older person who required long-term care should receive that care in a home for the aged or other facility. Sixty-three percent of the seniors surveyed said that they would go to a home if care were required while eight percent would not and twenty-nine percent said that they would wait and review their options when that time came.(58)

Such studies keep us in touch with reality. The people surveyed responded much like other people in Toronto and expressed a desire for independence within a caring environment. While they were concerned about linguistic and cultural differences in the provision of service, they did not have a distinctly different idea of caring and family relationships.

Changing Family

Changes in family structure have implications for the care of the elderly. The care of an older person in the home has traditionally required the full time attention of a daughter or daughter-in-law. Many women who are now working outside the home are unwilling to give up their financial independence to carry the burden of care on behalf of their whole family.

Some marriages end in divorce or death and people remarry one or more times. It is not clear in blended families who should be consulted about the care of parents or who is responsible for whom. Some women continue to provide care for former in-laws in addition to their current in-laws and their own parents.

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(58) *Health Care Needs of the Chinese Elderly Population: A Needs Assessment,* op.cit.

Marriage breakdown and the remarriage of older people also create confusion. Some adult children see a new stepparent as a threat to their inheritance and attempt to overrule expenditures for care. Some older people have had children late in life and still have a child in school when they reach retirement age.

Changing Workplace

According to an article in *The Toronto Star*, a Statistics Canada study shows that absenteeism in the workplace for personal and family reasons increased by 100 percent in a ten year period. It is estimated that 37 percent of this increase is related to the need to care for an older relative.(59)

The collective agreements between the City of Toronto and its unions, CUPE locals 43 and 79, permit employees to take off six days a year to care for a dependant. There is also a flexible system of unpaid leave which can be used for this purpose. Some corporations are beginning to provide educational programs and counselling or referral services for their staff for the care of elderly people.

Prerogatives of the Family

Our society recognizes the primacy of the family in both obligations and rights. It assumes that people will care for and support their close relatives and make appropriate decisions on their behalf. The Public Hospitals Act specifies that the next of kin or a spouse may authorize surgical operations or diagnostic tests on behalf of a person with a mental or physical disability. The same group of people is permitted to make autopsy or organ transplant decisions.

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(59) "Elder-care programs for workers said corporate challenge of the 90's", Stasia Evasuk, *The Toronto Star*, June 17, 1989.

The act causes difficulty for people who would rather entrust health decisions to a close friend. It supersedes informal decisions and it discriminates against people in a homosexual or other non-marital relationship. It allows children to pre-empt the rights of their parents and their trusted friends by making decisions contrary to their wishes.

Substitute Decision Making

The laws of Ontario do not provide a simple mechanism for assisting people with cognitive impairments to make decisions. A power of attorney may be used to transfer authority for financial and property matters to a designated person or the official guardian. But there is no mechanism other than a court order of mental incompetence for delegating decisions on personal care.

An advisory committee recommended in 1987 that there be legislation to permit the appointment of an attorney by a vulnerable person to make decisions about personal care and by the courts for medical and psychiatric treatment. It also recommended the establishment of an office of public guardian, various advisory committees and other mechanisms for monitoring the proposed system.(60)

Fear of Crime

Although some people specialize in defrauding elderly people, older people are rarely the victims of crimes committed by strangers. The consequences of crime, however, are usually more serious for an older person. Older victims are more likely to be injured, their injuries are more serious and they take longer to recover from their injuries. The loss incurred in a theft represents a higher proportion of the income of an older person than of a younger person. Older people are more afraid of crime than younger people and restrict their activities because of fear.(61)

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(60) *Final Report of the Advisory Committee on Substitute Decision Making for Mentally Incapable Persons* (for the Government of Ontario), 1987.

(61) *Criminal Victimization of Elderly Canadians*, Bulletin, Solicitor General Canada, 1985.

Crime Prevention

Crime prevention programs for the elderly generally advise people to improve their locks, carry only small amounts of cash and to stay at home after dark. They advise people not to resist for fear of being injured. Crime prevention programs for women also used to concentrate on these passive measures but there is now considerable interest in programs which teach self defense and crime avoidance without restricting activities. The Parks and Recreation Department is now offering Wen-do programs to women and is considering a similar program for older people.

Elder Abuse

A recent study conducted for Health and Welfare Canada estimates that four percent of elderly Canadians living in their own homes are victims of abuse.(62) Some clinical practitioners believe that this estimate is too low by half.(63)

Elder abuse is defined as any action by a person in a position of trust which causes harm to an older person. The abuse may be physical, psychological or financial and caused by wilful act or thoughtless neglect.

There is an understandable unwillingness to admit that a trusted friend, relative or staff person is deliberately causing harm. It may be an even more difficult decision for a person from a culture with a tradition of respect for elderly people.

Need for Services

The abused person needs someone to talk to, to provide information, advice and perhaps a haven. There is no easy way to find such help

(62) *National Survey on Abuse of the Elderly in Canada: The Ryerson Study*, Elizabeth Podnieks et al., Ryerson Polytechnical Institute, 1989.

(63) Comments made at meetings and conferences on elder abuse.

at present. There is an immediate need for both information on a way into the service system and an expansion of the service system.

A number of agencies such as the Public Health Department, Metro Police, information centres, legal clinics and hospitals assist people who are abused but the service provided tends to be specialized according to the mandate of the agency. It is difficult to find help at night or on weekends and few services can respond in a variety of languages.

In February 1988, Mayor Eggleton challenged the community to develop a comprehensive plan for dealing with elder abuse across the metropolitan area. A strategic planning day was held in May 1988. In May 1989, the Elder Abuse Action Committee of Metropolitan Toronto held its first annual meeting. The EAACMT is attempting to develop a coordinated response to the problem of abuse.

Photo: Parks and Recreation Department

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Community and Health Services

Community and health services are provided by a variety of public and private agencies. The Public Health Department offers prevention and health promotion programs for the elderly and provides assessment, counselling, education and referral in the home to individuals and families. Public health nurses work with community agencies and health care providers to develop a plan of care which will allow people to stay in their homes.

Metropolitan Toronto operates homes for the aged and is a major funder of community agencies which provide services to the elderly. The Metro Toronto Community Services Department also plays a major role in planning and policy development for seniors services.

The Home Care Program for Metropolitan Toronto provides home support, personal and nursing care and rehabilitative services to people who have been discharged from hospital or require regular professional care to keep them in their home.

Dental Services

The Public Health Department is opening four geriatric dental clinics for low-income people, the only such program in Canada. Two clinics are being opened in 1990 and two in 1991. Services will include full and partial dentures, root canals and other therapeutic and preventive treatments.

The Public Health Department provides dental services in 31 collective living homes. None of these centres cleans everyone's teeth every day and many residents of institutions do not even own a tooth brush. Some people enter a home with good teeth and lose them through neglect after a few years.(64)

There is also a need for dentists in community-based programs. Itinerant services could assist people in their own homes who are not able

Photo: Public Health Department

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(64) Public Health Department .

to travel to a clinic or do not have the memory or skill to brush their teeth. The Royal College of Dental Surgeons does not permit dentists to work for a salary in a community clinic except as employees of a municipality, Indian band or hospital. This policy creates barriers to good dental care for low-income people.

The geriatric dental clinics are funded entirely by the City of Toronto. The services in collective homes are partially funded by the province. There is no funding available for clinics in community health centres.

Mental Health Services

While mental health is an important component of wellness for everyone, it is harder to achieve for elderly people. Decrease in status on retirement, functional deficits, physical and mental isolation, loneliness, low income, deaths of friends and relatives, low esteem and a sense of poor self-worth, and neurological change in cognitive ability contribute to depression in older people. Depression is often mistaken for senile dementia or "just old age" and is not treated. Many people do not think it is worth treating the depression of old people because of the short time remaining in their lives.

Medication

Older people take a lot of medication and often suffer side effects and complications. Mood altering drugs are also very common. The 1979 Canada Health Survey showed that 16 percent of women aged 60 - 64 and 20 percent of women 65 – 69 had used a mood altering drug in the previous two days.(65)

(65) "Aging and Mental Health", Carl D'Arcy, in ***Aging in Canada: Social Perspectives***, 2nd edition, Victor Marshall ed., Fitzhenry and Whiteside, 1987.

Isolation

Many older people are socially isolated and isolation is thought to work against good mental health. The 1979 Canada Health Survey showed that older men are more likely than older women to spend their time alone; 25 percent of married men, 70 percent of never married men and 60 percent of divorced men over the age of 70 usually spend their leisure time alone. About one third of widowed women spend their time alone, the largest proportion of any category of women.(66)

Immigrant seniors are especially isolated. In a survey of Chinese seniors, 53 percent said that they had experienced depression in the past year, 54 percent worried or stewed about things, 41 percent felt lonely and 45 percent were experiencing tension. Only 29 percent felt that they were in fair or poor health.(67)

Photo: Vince Pietropaolo

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(66) *The Seniors Boom: Dramatic Increases in Longevity and Prospects for Better Health*, Leroy Stone and Susan Fletcher, Statistics Canada, 1986.

(67) *Health Care Needs of the Chinese Elderly Population: A Needs Assessment*, op.cit.

Dementia

About seven percent of people over the age of 65 suffer from dementias such as Alzheimer disease. Because the disease is more prevalent among the very old and people are living longer, a 1986 report from the Ontario Advisory Council on Senior Citizens predicted that the number of cases of dementia would increase by 50 percent by the turn of the century.

Need for Services

Older people need help in developing and using coping skills to deal with chronic problems and individual crises. Psychogeriatric teams in several hospitals offer outreach, support and specialized assessments in the community and in the hospital. Organizations such as Community Occupational Therapy Associates and Community Older Persons Alcohol Program provide educational and rehabilitative services. Some self-help organizations and peer counselling groups are very effective.

Suicide

Suicide used to be thought of as an old man's disease and it still is; the rate of suicide for Canadian men peaks at age 70. The rate of suicide among both men and women over age 70 began to increase in the early 1980s.(68) Agencies are concerned about the dramatic increase in suicides of people over the age of 70 in Metropolitan Toronto.

A review of the data on suicide in Metropolitan Toronto in 1988 shows that suicide is more prevalent among older people than among young people. The age groups 50-59 and 60-69 have suicide rates about 50 percent higher than the rates for people in the age groups 20-29 and

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(68) *Suicide in Canada: Report of National Task Force on Suicide in Canada*, Health and Welfare Canada, 1987.

40-49, about 350 percent higher than people aged 10-19, and about 25 percent higher than people aged 30-39. The rate of suicide is higher in the City of Toronto than in the other area municipalities.

Drugs and other poisoning were the cause of death in about 45 percent of the suicides of people aged 50-69.(69) Older people generally have drugs available and overmedication is a common cause of emergency admissions to hospital.

Suicide in the elderly is probably underreported. Doctors do not wish to upset families with the suggestion that death was intentional. Self neglect or slow death is not diagnosed as suicide. Many people see suicide as an acceptable solution for the depression of older people.

Palliative Care

There is an increased desire among older people to control the last few months of their lives. Many old people do not want their lives prolonged by intrusive interventions. They wish to be comfortable, have their wishes respected and live out their lives in a dignified way. Some institutions have established a policy of respecting the resident's wishes while other long-term care homes will send a terminally ill patient to hospital to die.

Many people who live in their own homes and people who live in long-term care homes want appropriate palliative care. It should be provided in their own homes whenever possible or in a free standing hospice setting.

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(69) *Statistical Report for 1988: Suicides in Metropolitan Toronto*, John Wagner, Ministry of the Solicitor General, Ontario, 1989.

Home Support Services

A number of voluntary agencies provide support services to older people and people with disabilities in their homes. Although some services are provided by informal groups which are voluntary and receive no funding, most home support service agencies receive funding for approved programs according to a formula: 70 percent provincial funding, 20 percent Metropolitan Toronto contribution and 10 percent fees and donations. Metro Toronto spent $3.2 million in the 1989 fiscal year and the Ministry of Community and Social Services approximately $9.5 million in Metro Toronto in 1989-90. In comparison, in the 1987-88 fiscal year, homes for the aged and nursing homes across the province received approximately $621 million.

The funding for home support services has increased dramatically over the past five years, but there are still a number of problem areas.

- While there are home support agencies across the City of Toronto, some services are not available in some neighbourhoods.
- Certain new programs which provide support to the caregiver, such as respite care, day care and programs for people with neurological disorders such as Alzheimer disease, do not receive funding.
- There appears to be no connection between an agency's effectiveness in providing service and its funding and there is no definition of core services for a neighbourhood.
- Service provision is not responsive to our multicultural community.
- Agencies are managed by volunteer boards and service is often provided by volunteers. There is a need for funding and standards for board development and volunteer training.

- Staff of agencies, even professional staff, are poorly paid. Home helpers and homemakers earn $7-9 per hour except in unionized agencies. They have low benefits and often are not paid for their travelling time.
- There are few training opportunities for staff and staff trained by agencies often leave for higher paying jobs as health care aides.
- Services are expensive. While clients pay $4-10 per hour, the cost of service is approximately $20 per hour.
- Agencies find it difficult to keep a handyperson because there is not enough regular work and the pay is low. Snow shovelling and grass cutting are much needed services.
- Those seniors who receive only an occasional service or just have a meal delivered endure tremendous isolation and loneliness. While we applaud this independence of spirit, we have to question whether we are letting those people down. Are they living in this way after informed consideration of the options or because they feel they have no choice?
- Some people are not receiving the services they need to maintain a reasonable quality of life. They live at some risk of injury, malnutrition and depression.

6

Planning and Coordinating Services

Most people, young and old, do not understand the system for providing services. They do not know which level of government to call – local, provincial or federal – let alone which department has the answers. People who need more than one program or service are confused by the mandates, regulations, applications, boundaries and funding of various programs. They call around, perhaps with the help of a friend or social worker, and put together a package of programs and services for themselves.

Information Services

People require information about services in order to make decisions about their lives. Information on housing is currently available from the Seniors' Central Housing Registry but its future operation is in question. The Community Information Centre of Metropolitan Toronto provides information and referrals over the telephone about a wide range of services and programs. Local information centres, usually located in libraries, provide information about government services and neighbourhood programs and assistance in filling out forms.

Most information services try to provide service in languages other than English but printed government materials are often available only in the two official languages. The telephone device for the deaf (TDD) is not widely used by seniors. Many older people have difficulty using the telephone and taking down the information provided. Only a few pamphlets and reports are available in large type, in braille or on audio cassette.

Gaps in Service

Because services were developed through the charitable efforts of voluntary groups, not all services are available in all neighbourhoods. The City, Metro, the province and other funders have encouraged organizations to assess the needs of their local community and submit proposals for new programs but funding constraints have inhibited their implementation.

Role of the City of Toronto

In 1958, the City of Toronto introduced the first coordinated home care program in the province and it has continued to proclaim its interest in coordinated service in the intervening years.

In 1985, City Council adopted a report from the Toronto Mayor's Committee on Aging, *There's No Place Like Home: The Challenge for Coordinated Services*. That report proposed that the government develop a coordinated program for the provision of services to older people and people with disabilities in their own communities. There are four components to this proposed program:

- Single entry point
- Assessment
- Service provision
- Community development

The report proposed that an agency be designated to provide a single entry point to the service system.

One-Stop Access

In 1986, the Minister for Senior Citizens' Affairs tabled his white paper, *A New Agenda*, and announced that he would be establishing a single entry point system for Ontario's seniors. The system was to be tested in pilot projects across the province.

East York was selected for the pilot project in Metro Toronto and the Integrated Homemaker Program was introduced in that municipality in preparation for the pilot.

Metro Council submitted its proposal for One-Stop Access in East York at the end of 1988. Since then One-Stop Access has apparently been abandoned in favour of other proposed reforms to the long-term care system.

Long-term Care Reform

In June 1989, the Minister of Community and Social Services announced the appointment of an interministerial task force to report on comprehensive reform of the long-term care system. Members of the task force toured the province explaining the principles of long-term care.

On April 25, 1990, the Minister of Community and Social Services announced improved funding for home support services. He also announced that a user fee system would be introduced for home support services but not health services provided under the home care program. An advisory committee representing all sectors and areas of services was established in May to work with the task force and the new Community Health and Support Division.

The minister released the government's strategic plan, *Strategies for Change*, on May 30, 1990. The plan proposes that all existing in home support programs including Home Care, Integrated Homemaker Program, Outreach Attendant Care, Homemakers and Nurses Services, and homemaking services under the Home Support Program be integrated into one support program.

The other community based home support services will be enhanced and service gaps will be addressed. A service access organization will be established to provide information, make referrals, review assessments and control admissions to long-term care facilities and plan and coordinate services.

Service Access Agency

The government is considering six service access agencies for Metropolitan Toronto, apparently reflecting the six municipalities. The Public Health Department may wish to consider, in consultation with seniors agencies and seniors groups, its role in relation to the proposed service access agency.

Regional Geriatric Program

The regional geriatric program offers specialized diagnostic services for complex problems and rehabilitation programs to permit people to stay in or return to living in the community. It provides in-patient services, out-patient clinics, day hospitals and home visits. The regional geriatric service has no coordinating authority.

Provincial Municipal Social Services Review

In April 1990, the Minister of Community and Social Services released the Provincial Municipal Social Services Review, prepared by a joint committee of the ministry, the Association of Municipalities of Ontario and the Ontario Municipal Social Services Association. The report recommends that regional municipalities, such as Metro Toronto, manage community based support services including homes for the aged, elderly persons centres, home based care except the integrated homemaker program, emergency housing and counselling, information and referral services. Services could be provided by the municipality or the voluntary sector. The province would be responsible for 75 percent of the agreed costs.

The report also recommends that municipalities develop a planning process for community health services with links to planning for housing, transportation and corrections. The report recommends that area municipalities such as the City of Toronto be represented in the process and that there be a formal consultation process with the voluntary sector.

The report does not deal specifically with the special issues in Metropolitan Toronto where health care is the responsibility of the area municipalities and social services the responsibility of the metropolitan municipality.

Federal Role

The federal government participates in funding services for the elderly through the Federal-Provincial Fiscal Arrangements and the Established Programs Financing Act. These block funding arrangements allocate tax points to the provinces for the provision of health care and alternative health programs.

The federal government also participates in the funding of long-term care, welfare assistance, homemaker programs and emergency shelters through the Canada Assistance Plan. The 1990-91 federal budget caps payments to Ontario under the Canada Assistance Plan at a five percent increase over the 1989-90 level and freezes established programs for two years at the 1989-90 funding level. The provincial government has announced that services will not be cut.

Premier's Council on Health Strategy

The Premier's Council on Health Strategy commissioned a consultant's report on funding and incentives. The report identifies three factors affecting future spending by the Ministry of Health:

- Increase in the overall size of the population
- Increased utilization rates for hospital and physician services, particularly by the elderly
- Increasing cost per unit of service(70)

The increasing cost per unit of service is the major component of increased costs and is subject to measures to control costs. Increased utilization is less important but it is caused by a number of factors, some of which can be controlled. The study does not discuss higher utilization of health care by the elderly as a major component of costs.

Costs of an Aging Society

Other scholarly reports have concluded that the costs associated with the aging of the population are about one percent per year and can be supported by normal economic growth.(71) The costs associated with utilization can be controlled by policy initiatives to move the system to a more efficient use of resources.

(70) *Funding and Incentives Study*, Stevenson, Kellog, Ernst and Whinney, for Premier's Council on Health Strategy, Ontario, 1989.

(71) *Legacies: Twenty-sixth annual review*, op.cit. The Economic Council of Canada estimates the growth in productivity required to cover the cost of health care associated with demographic changes to be .10 percent to 1.15 percent per annum between 1987 and 2040. The variation reflects both the different assumptions in three different scenarios and variations in demographic change.
"Aging and Health Care Utilization: New Evidence on Old Fallacies", Morris Balter et al., *Social Sciences and Medicine*, Vol. 24, No. 10, 1987.

Decline in Institutionalization

The rate of institutionalization in Canada is one of the highest in the world. The rate of institutionalization of older people in Metro Toronto has declined, however, from 5.2 percent in 1979 to 4.2 percent in 1989. In the same period, the total number of beds increased by only five percent although the population over age 60 increased by 29 percent.(72)

Choice and Care

While most people like to remain in familiar surroundings, we can not assume that people who continue to live in their own homes are always better off than they would be in an institution.

We also do not have any evidence that care in the home is of better quality and less costly than care in an institution. No studies have been conducted on the Ontario program of home care but studies in other jurisdictions conclude that services in the home usually raise both the utilization and cost of health care. This is partly because there is a large need in the elderly population that is not met by current programs. The population of people who benefit from care in the home is not necessarily at high risk of institutionalization. Care in the home improves the quality of life of the people who receive it but unless it is targeted to a high risk population, it does not necessarily prevent institutionalization.(73)

We cannot be complacent about the declining rate of institutionalization. It may relate more to the decreasing supply of institutional beds rather than to a free choice to stay at home. The improvement of services in the home and the improvement of services in institutions must proceed in concert so that older people will truly have choices on where to live.

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(72) "Report on Projected Long Term Institutional Care Requirements for the Elderly in Metropolitan Toronto", Commissioner of Community Services to Advisory Committee on Homes for the Aged, Metropolitan Toronto, October 3, 1989.

(73) *Community Services Study*, Price Waterhouse, for Premier's Council on Health Strategy, Ontario, 1989.

Changes for the Very Old

The average age of residents of institutions has increased and the percentage of very old people who live in an institution has increased. The number of women over age 75 living in a institution more than doubled between 1971 and 1986 and the rate of institutionalization increased from 14 to 19 percent. The number of men over age 75 living in institutions increased by 76 percent in the same period. The total number of Canadians over age 75 residing in institutions is expected to double again by 2001 to 19 percent.

The number of older elderly living alone has increased at an even greater rate and is expected to reach 35 percent in 2001. These increases are partly related to the gains in longevity achieved by Canadian women in the past 30 years and are partly related to the increases in income which allow older people to have more choice of where to live.(74)

Costs of Institutionalization

The capital costs and the operating costs of institutions are higher than for private houses or intermediate care homes although the larger scale of institutions permits some savings. A decrease in the overall rate of institutionalization should decrease costs but the trend to institutionalizing only people who require heavy care will tend to increase costs since both capital and operating costs increase with the level of care. There is also a cost associated with upgrading and converting existing institutional homes to provide more space and privacy.

Aging and Disability

Approximately 15,000 people in Canada are disabled and aging and some people with disabilities are caregivers to elderly people. People with a chronic illness or long standing physical disability experience complications as they get older. Their cardiovascular systems, muscle strength and central nervous systems may be like those of a person 20 years older and they may die at an earlier age.

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(74) "Living Arrangements of Canada's 'Older Elderly' Population", Gordon Priest, *Canadian Social Trends*, Autumn 1988.

There is much we can learn from people who have coped with a lifelong disability. Most people, even older people, who work to improve conditions for older people are not frail themselves. They advocate on behalf of people who are frail but have not themselves experienced the indignities of the care system. Seniors groups should establish links with groups of people with disabilities for shared knowledge and support.

Multiculturalism

Many services are not able to respond to the cultural groups in their community. Some mainstream neighbourhood agencies such as WoodGreen Community Centre or St. Christopher House offer extensive parallel services to adults in the language and culture of a minority cultural group. Some organizations such as Chinese Home Support Services, Jewish Family and Child Service, Greek Community Services and COSTI-IIAS were established to provide service to a particular cultural community.

Funding and Access

There has been considerable pressure to make services accessible to our multicultural community. Funders have responded by encouraging mainstream multipurpose agencies to provide services in other languages and by withholding funding for ethnospecific services.

In the effort to make mainstream agencies more responsive to our multicultural nature, ethnospecific and neighbourhood groups should not be considered as anomalies or duplication of service. Intransigent mainstream agencies which are not willing to provide culturally appropriate services should not be rewarded with increased funding but be required to improve and broaden their services. Services for seniors should be provided in culturally appropriate ways to accommodate both long time residents and sponsored elderly immigrants.

Homeless People

There are many people without homes in Toronto and many of them are older people. The Scott Mission, a service agency for low-income people, estimates that 40 percent of its clients are over the age of 60, 43 percent are illiterate and 93 percent have an ethnic background other than British. Most of the homeless clients have psychiatric disabilities or are addicted to alcohol or other substances. Homeless people, especially frail people, regularly endure physical violence.(75)

Appropriate System

It is clear that a service system organized around people with homes, people who are literate and people who speak English is not suitable for many older people. We must remember them and include them and their service agencies in our planning and coordination of services.

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(75) Address by Garnett Martin, Executive Director of the Scott Mission, to *The Big Picture* Conference, Toronto, April 1990.

7

Remaining Independent

People who stay in their own homes may have a variety of reasons for this decision. The most important one is the desire for independence. They are concerned about independence on two levels:

- The ability to make decisions about their own lives and
- Financial security

Many older people fear that a move to live with other people will require them to give up control of their lives to their children or to the staff of the home. This decision to live independently bears a high cost in financial terms and perhaps in isolation, loneliness, poor personal care and physical risk.

Financial Concerns

The cost of private housing, even wholly-owned housing, may be difficult to manage for people on fixed incomes. Canada Mortgage and Housing Corporation estimates that, based on the 1981 census, almost 20 percent of residents over the age of 60 in the City of Toronto spend more than 30 percent of their income on their shelter. When other people who have problems with crowding or disrepair are included in this calculation, the housing need is estimated to be 26 percent of people over 60. Renters have more severe problems than home owners; 33 percent of older renters and 19 percent of homeowners need affordable housing.(76)

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(76) Unpublished data compiled by CMHC from the 1986 Census.

Older elderly people have lower incomes and therefore spend a larger proportion of their income on their housing. In 1986, 20 percent of the women and 15 percent of the men in Canada over the age of 75 who rented their accommodation and lived alone spent more than 50 percent of their income on their housing.(77)

Many people keep their home as a hedge against inflation and delay selling in order to maximize the capital gain. Some older people feel strongly that property is not to be sold but must be passed on intact to their children. Some people do turn their property over to their children but find that the children renege on their side of the implicit bargain and do not provide care in return.

Financial Innovations

A number of innovative schemes have been explored to allow older people to use the equity in their homes for their personal maintenance. Reverse mortgage schemes have been tried in British Columbia and are now available in Ontario. The lender gives the homeowner a loan, either in a lump sum or in tax-free, monthly payments, and the owner continues to live in the house. The loan is due with interest at the end of the fixed term, at death, or when the house is sold.

In a sale-leaseback plan, the house is actually sold but the former owner continues to live in the house. The new owner's responsibility for maintaining the property relieves the elderly person of some stress but the landlord and tenant relationship may provide new stress.

Deferred payment options can be used for home improvement loans or for payment of property taxes. This option is being considered in the discussion of reform to the property tax system. About 5,000 low-income senior homeowners in the City of Toronto now receive a $100 tax credit from the City.

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(77) "Living Arrangements of Canada's 'Older Elderly' Population", op.cit.

Safety

Older people who have no help nearby often attempt to do things in their homes which are too difficult for them. They may fall while changing a light bulb, trip over wires or rugs or slip on the ice or stairs. The rate of accidental death among old people is three times higher than among young people. Falls are responsible for 82 percent of all accidental injuries and 59 percent of accidental deaths suffered by older people.(78) One third will have a damaging fall by age 80. After age 90, more than half will fall once a year.(79)

Many older people suffer from overmedication. A study in a Saskatchewan hospital revealed that 20 percent of the people over age 65 treated in the emergency room were suffering from complications of medication.(80) Injury and poisoning are the second leading cause of hospitalization for people over age 85.(81)

Older people are also at higher risk of fires and scalding because of dementia, reduced hearing, vision and sense of smell, losses in strength and mobility and memory loss. Many older people do not have modern wiring or appropriate fire detection devices in their homes. Older people take longer to evacuate a building during a fire.

The Toronto Mayor's Committee on Aging and staff of the Public Health, Housing, and Planning and Development Departments have formed a work group, called Home Safe Home, to investigate appropriate safety programs for seniors.

(78) *Seniors Info Exchange*, Winter 1989 - 90, Seniors Secretariat, Health and Welfare Canada.

(79) Address by Janet Lindsay to Family Service Association as reported by Department of Public Health.

(80) Address by Stephen Lewis to *Aging into the 21st Century* Conference, Ottawa, April 1990.

(81) *Socio-Demographic Profile of the Elderly in Metropolitan Toronto Based on the 1986 Census*, Metropolitan Toronto District Health Council, 1988.

Emergency Accommodation

If an elderly person chooses to leave home because of abuse or is required to leave because of a fire, flood or eviction, a hostel for single men or a transitional house for women and children will not be a sympathetic environment. In most shelters, except transitional houses, residents are required to leave after breakfast and return for supper. Most shelters are not accessible to people with mobility disabilities and may be difficult for people with visual or hearing impairments. Older people with cognitive impairments may find the layout and rules confusing.

Older people in emergency situations may be admitted to a Metro Home for the Aged. Unfortunately many counsellors are not aware of this option and some may consider it to be inappropriate. Many elderly people wish to stay out of a home for the aged and fear that an emergency admission will lead to a permanent admission.

Some elderly people who have been maintained at home by a caregiver suffering stress, overwork, or ill health will have to be admitted in an emergency to an institution. These people are not likely to return home.

Photo: Parks and Recreation Department

8

Seniors Apartments

The Ontario Housing Corporation, through the Metro Toronto Housing Authority, and the Metro Toronto Housing Co. Ltd., owned by the Metropolitan Corporation, provide apartments for people 60 years of age or over on the basis of need. In 1987, there were about 28,000 public housing units for seniors in Metro Toronto. They accommodated about 14 percent of the households in Metro Toronto headed by a person over the age of 60. Other non-profit and cooperative programs also provide apartments exclusively for seniors.(82)

These housing programs offer some recreation and security-check services. Outside home support service agencies provide service as they do in other private homes. A survey conducted by the Ontario Housing Corporation showed that seniors in public housing are three times as likely to need support as seniors in the general community; 85 percent said that they need help, while 70 percent were actually receiving one or more services.(83)

Most of the residents of new buildings are the younger old, 60-70 years of age, and do not require care when they move there. After 20 years, most of the residents are 80-90 years of age; this age group leans heavily on support services and can not provide informal support.

Some people cling to their apartments even though they need the extra care available in a collective-living setting. This is not a valid reason for eviction under the Landlord and Tenant Act.

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(82) Address by Don Richmond to *Home Truths* Conference, Toronto, October 1987.
(83) Address by George Hough to *Home Truths* Conference, Toronto, October 1987.

Innovative Developments

Condominium apartments, the most common form of shared ownership, have been very attractive to churches and other groups which have land but no funds for development.

Some non-profit corporations are experimenting with various purchase schemes to secure a mortgage and provide rental apartments. The right to live in a unit is sold to purchasers before construction; the corporation buys back the unit at a predetermined price. The Metro Toronto Housing Company recently announced that it would be building an apartment building in Scarborough where low-income seniors will purchase the right to live in the units and sell them back to Metro when they move.

Some private commercial developers and non-profit groups are offering life-tenancy leases. In Ontario, the length of these leases is limited by law to less than 21 years. Owners may give an option to extend the lease beyond the 21 year period, usually at no extra charge.

The cost of these tenancies is usually priced according to the age and life expectancy of the tenant or tenants. In some cases, the tenancy agreement includes the provision of care, but there is no guarantee that the heavy care required later in life will in fact be available. There is no cash value to these tenancies at the end of the term or in the event of premature death.

Zoning By-law

The term *senior citizens housing* in the Zoning By-law applies only to social housing. Private developers have tried to have the definition expanded to include housing in the private market so that they could take advantage of its lower recreation and parking requirements. There is nothing in the Planning Act which permits a municipality to zone on the basis of the age of the occupant and there would therefore be no way of ensuring that the housing developed for the private market was rented only to older people.

Photo: Vince Pietropaolo

Segregation by Age

The Human Rights Code (Ontario) prohibits discrimination on a number of counts including race, creed, family status and sex. It prohibits discrimination by age except where a service is provided exclusively to people over the age of 65.

People move to seniors apartment buildings because they want a more appropriate unit or because the rent is geared to income. Since they are not offered a unit in a mixed building, we have no reason to believe that they are deliberately choosing to live with older people.

Since only housing is provided, it is hard to see the merits of segregation by age. Seniors are grouped together ostensibly because they need care, although they may not need care when they move in and at any rate, care is not provided. There may be a higher risk of crime for residents of age-segregated apartment buildings than for residents of integrated communities.

Mixed-age Developments

Approximately 15 percent of all residents of Cityhome, the City of Toronto Non-Profit Housing Corporation, are over the age of 65. The Stanley Knowles Co-operative, founded by the Canadian Council of Retirees and the Retirement Labour Foundation, is a mixed building with 102 units, 10 designed for people with disabilities; 60 percent of the residents are seniors.

Policy Review

The policy of providing housing for seniors in buildings which are segregated on the basis of age needs to be examined in some detail. It seems logical that if older people need special design features in their housing, then they should have a building specially designed for them. But in practice most seniors apartments do not provide the design features and support services needed by people who have special requirements because of their age.

It is not necessary to have a legal right to discriminate in order to provide services. Many community organizations provide service to target groups without a legal right to discriminate. While 65 is the accepted age for being a senior, it is not the age at which services become necessary. In fact, it would be hard to establish such an age. The City of Toronto should not condone segregation by age unless support services are provided which require people to be grouped together.

Strategy

We need a strategy for housing older people in appropriate units which takes into account certain principles:

- Buildings should be well-designed and be comfortable for seniors. People with all kinds of disabilities should have potential access to all the units in the building, at least for visits. Hallways and elevators should be designed to reduce friction between children and other residents.
- Developments which are targeted to older people should provide support services.
- Existing seniors buildings should develop a plan for either providing service, or integrating the building, or both.

The Metro Toronto Housing Company has been conducting research, with funding from the Seniors Independence Program, on the informal networks of support in seniors buildings. This is a good first step towards a review of support for older people in all types of housing.

Seniors' Central Housing Registry

The Seniors' Central Housing Registry, operated by Metro Toronto, was opened in 1987 and received an award from Canada Mortgage and Housing Corporation in 1988. It receives applications for and provides information on government and non-profit housing for seniors. A recent report from the Deputy Commissioner of Community Services recommended that the registry be converted to handling applications for public housing only, because funding has not been made available from CMHC. The matter is still under discussion.(84)

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(84) "Progress Report on the Funding of the Seniors' Central Housing Registry", Deputy Commissioner of Community Services to Community Services and Housing Committee, Metropolitan Toronto, February 16, 1990.

Photo: Lee Colborne

It is unfortunate that a one-stop information system should be allowed to end at a time when communities and governments are working to put such systems into place. We need to decide if we want several such parallel systems or one central system which provides access to all services.

9

Rest, Boarding and Retirement Homes

Some older people live in privately operated collective homes which provide food and lodging. Some were built for this purpose and provide luxury accommodation, cleaning, laundry, recreation, supervision and a nurse on site as part of the package. They may also provide personal and nursing care by arrangement. Some offer a more limited service providing only a room, security and a small number of meals per month in the basic package.

A survey of retirement homes conducted by Canada Mortgage and Housing Corporation found that the average age of residents was 82 and the average length of stay was six years. Rent increases for retirement homes in the City of Toronto averaged 11 percent per year in the period 1985 to 1989.(85)

Some small boarding homes cater to seniors or adults with disabilities who are dependent on government pensions and supplements. The accommodation is usually crowded and the service is limited. Many people believe that the service is often sub-standard or even exploitative.

(85) *Retirement Homes 1989*, E. Struke and I. Lithwick, Toronto Branch, Canada Mortgage and Housing Corporation, 1990.

Landlord and Tenant Relations

It is not clear whether rest, boarding and retirement homes are covered by the Landlord and Tenant Act or the Residential Rent Regulation Act. The Residential Tenancy Commission ruled that a retirement home in London, Ontario was subject to rent review. A similar building in Toronto, the Grenadier, was deemed not subject to review; this decision has been appealed.

Some retirement homes have had substantial increases in rent of 30 or 40 percent in one year. People are asked to leave a retirement home according to house rules rather than the procedures set out in legislation to protect tenants. Because there is so little regulation, retirement homes are an attractive investment even for people with no experience in the care field. Some affordable rental housing buildings in Toronto have been converted to retirement homes and thereby avoid statutory regulation.

Regulation

In June 1986, the Minister for Senior Citizens' Affairs made a commitment to regulate the care in rest homes. In the spring of 1987, rest home was defined as accommodation where supervision and assistance with activities of daily living are provided to adults, unless otherwise regulated. A task force was appointed and a survey conducted.

The survey found that there were 550 rest homes with 22,000 beds in the province of Ontario. Eighty-four percent of residents were over the age of 65.(86)

The task force reached a consensus that the rest home industry should continue after regulation is introduced. It recommended that municipalities be permitted to regulate rest homes if they so desired pending the development of provincial legislation. The Provincial Municipal Social Services Review recommended that municipalities be given the authority to regulate, license and inspect rest homes if they wished to do so.

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(86) *Rest and Retirement: A report on the regulation of residential care facilities from the Advisory Committee on Rest Homes to the Minister for Senior Citizens' Affairs*, 1989.

Action by the City of Toronto

At its meeting on June 15, 1987, City Council adopted a number of reports from staff on the definition of rest home proposed for the purpose of regulation. Council also appointed two of its members to consult with the minister on this matter.

The reports raised a wide range of issues.

- Municipalities regulate and inspect only for compliance with the Building Code, Zoning By-law, Fire Code and health regulations.
- Municipalities inspect premises for the preparation and serving of food. Boarding homes with fewer than ten residents are inspected only twice annually.
- There is no regulatory body for the provision of personal care.
- While it is essential to regulate the quality of care provided to vulnerable people in rest homes, if there is no funding available for the provision of care, some people may not be able to afford an improved level of care. It is essential that there be an adequate supply of appropriate housing with appropriate care.
- The regulation of rest homes should be discussed in concert with the development of a comprehensive home support system and a continuum of care system as well as a program to develop new non-profit homes.

Rooming Houses

The City of Toronto has been considering a by-law to regulate the care in rooming houses which provide personal care. There are approximately 700 licensed rooming houses in the City of Toronto.

The City of Hamilton has had a personal care by-law in place since 1980. The by-law was used to close down one rest home which the courts later allowed to reopen.

The Office for Senior Citizens' Affairs did not survey small rooming houses when it surveyed rest homes even though many such homes provide care as described in the working definition.

Pressure to Regulate

City staff and politicians have done a great deal of work over the past several years on appropriate policies and mechanisms to regulate these informal care facilities. The City has indicated its interest to the minister. There has been additional pressure on the City and the province to resolve the situation following recent disastrous fires in retirement homes and rooming houses.

It is clear that rationalizing long-term care will increase the pressure to regulate the rest home industry. Although the success of the reform initiative will depend to some degree on an appropriate feeder system of residential care, the government has not chosen to consider rest and rooming homes in its reform package.

10

Institutional Care

Collective homes which provide long-term care for the elderly suffer from a poor image; elderly people fear being sent to a home, families feel guilty and operators and staff feel defensive and vulnerable. On the other hand, most people who work with the elderly including seniors groups believe that institutions are a necessity for people who require considerable care.

Residential Care

Residential care is provided in homes for the aged operated by municipalities and charitable organizations. Residential care includes meals, cleaning, supervision and nursing and personal care for less than 90 minutes per day.

Extended Care

Extended care is provided in nursing homes and homes for the aged. It is defined as more than 90 minutes per day of personal or nursing care. Extended care is a universal program funded by the Ministry of Health and all basic services are guaranteed.

Waiting Lists

There is no waiting period for an extended care certificate but there may be a long wait for an extended care bed; the nine Metro Homes have waiting lists ranging from about 75 to 370 people or approximately one month to two years. The longest waiting lists are for homes which have private rooms, the shortest for homes with four-bed ward accommodation.

Chronic Care

Chronic care is defined as care requiring full time medical supervision where the condition of the patient is not likely to improve. For the first 60 days, the cost of care is fully funded by the Ministry of Health. Long-term residents pay for room and board as they do in extended care.

Homes for the Aged

Municipalities are required by law to provide a home for the aged for their older residents. Metropolitan Toronto operates nine homes for the aged, two in the City of Toronto. Only ten percent of the residents are in residential care. Metro Homes have arrangements with private rest homes and charitable homes to provide residential care under the satellite home system.

Homes for the aged are regulated by the Ministry of Community and Social Services under the Homes for the Aged and Rest Homes Act and the Charitable Institutions Act.

Metro Homes for the Aged

Municipal homes for the aged are required by law to admit residents who require up to 180 minutes of care per day. The average nursing care component in Metro Homes is 182 minutes per day(87) compared with a province wide average of 102 minutes.(88) Several Metro Homes have special care units for residents with Alzheimer disease or other dementias.

Metro Homes also provide a range of community support services such as vacation, emergency and respite care, adult day care, lifeline emergency response and community outreach. The total cost, including the cost of community support programs, is over $120 per day.

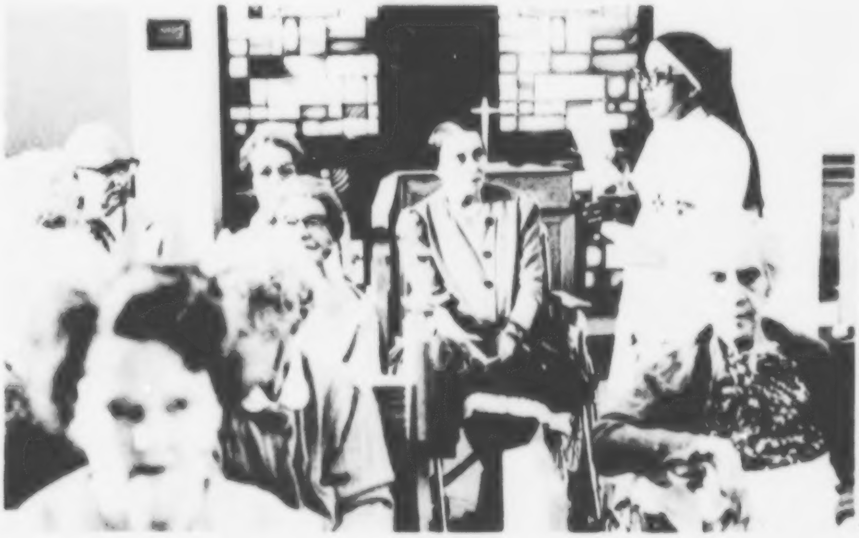

Photo: Metro Homes for the Aged

Funding Constraints

The extra costs of running the Metro Homes have traditionally been borne 30 percent by Metro taxpayers and 70 percent by the Ministry of Community and Social Services. In 1989, the government capped their contribution through a change in the regulations. Metro was tied to the provincial average even though Metro provides more programs, has more frail patients requiring a lot of care and has higher staff costs. Metro has maintained its services during negotiations but now finds itself in a difficult financial position.

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(87) "Initial Review of Placement and Discharge Policy, Homes for the Aged", General Manager, Homes for the Aged, Metropolitan Toronto, April 19, 1990.

(88) *Direct Nursing Requirements of Extended Care Residents in Homes for the Aged and Nursing Homes in Ontario*, Report to the Minister for Senior Citizens' Affairs, Price Waterhouse-Medicus Canada, 1988.

A report, dated April 19, 1990, from the General Manager of the Homes for the Aged pointed out that there are 22 residents who are receiving extended care without appropriate funding and that there are 650 residents who are receiving more than three hours of care per day.

The province has said that it will not contemplate changes in funding pending reform of long-term care. If Metro cuts back on admission of residents requiring heavy care, there will be serious pressure on beds in acute care hospitals. City Council should vigorously support Metropolitan Council in its attempt to improve service and contain costs.

Nursing Homes

Nursing homes are regulated by the Ministry of Health under the Nursing Homes Act. Nursing homes provide two thirds of the extended care beds in the Province of Ontario. They are required to allocate a minimum of 75 percent of their beds to extended care but in practice, 100 percent of beds in nursing homes are extended care and carry a guaranteed income from government.

Most nursing homes in the Province of Ontario are privately owned and operated for profit. In the City of Toronto, there is one non-profit nursing home with 126 beds operated by Central Hospital and another with 88 beds operated by a charitable community group. The remaining ten homes providing 1,424 beds are operated as commercial firms.

Comparison of Funding

The nursing home industry has for a number of years claimed that their residents are discriminated against because nursing homes do not receive the same funding as municipal homes for the aged. The Ontario Nursing Home Association launched a suit against the Government of Ontario as a test of the Canadian Charter of Rights and Freedoms but it was dismissed by the court.

Funding of Nursing Homes

The funding for nursing homes is almost the same as funding for charitable homes for the aged. The rates as of January 1, 1990 were:

Ministry of Health	$36.36 per day
Accreditation	$.31 per day
Quality of care contracts	$6.08 per day
Resident	*$23.51 per day*
Total	**$66.26 per day**

Because nursing homes are operated as businesses, they also have to pay property, business and sales taxes and income tax on the profits. They provide their own funding for capital costs and retain ownership of the property. Nursing homes are not required to disclose how their profits are distributed or to make their books available for public scrutiny.

Funding of Charitable Homes

As of May 1, 1990 charitable homes for the aged received for extended care:

Ministry of Community and Social Services	$41.76 per day
Accreditation	$.31 per day
Resident	*$23.51 per day*
Total	**$65.58 per day**

Because these homes are operated by non-profit corporations, they are eligible for government assistance with their capital costs. They are exempt from property and business taxes and they do not retain a profit. They may also receive charitable donations. Homes which incur a deficit may apply to the ministry for a contribution of up to 70 percent.

Limitations on Funding

Nursing homes have asserted their right to decide on whom to admit and are therefore accused of choosing people who require only moderate care. Because nursing homes provide 100 percent extended care beds, they are able to budget for full capacity and a guaranteed income from government. Municipal and charitable homes have only a designated number of extended care beds and most homes have vacancies in their residential beds. Many charitable homes are providing extended care to people in beds which are designated residential and therefore not funded.

Commercial and Non-profit Care

While government studies have shown that the actual time spent on personal and nursing care is not significantly different in commercial nursing homes and charitable homes for the aged, there has been compelling anecdotal evidence of differences in care. Commercial nursing homes are not necessarily well-managed and charitable homes are not necessarily more caring but it does seem as though good care and the profit motive are at best uneasy partners.

Accountability

Concerned Friends of Ontario Citizens in Care Facilities has said that it receives more complaints about nursing homes than about homes for the aged and most of the scandals in the press have involved commercial homes. It could be because nursing homes have a larger number of extended care beds than homes for the aged and it could be because homes for the aged have a government safety net which allows them to spend more. But the fact remains that charitable homes are accountable to the public through their boards and annual statements and municipal homes are accountable through elected officials while nursing homes are not required to disclose financial information.

Caring for Profit: The Commercialization of Human Services in Ontario, a 1984 report by the Social Planning Council, reviews the studies on private operation of community services and recommends that the government impose a moratorium on commercial services until an appropriate review is undertaken.

Preference for Non-profit Care

There is growing support in the seniors community for the idea that homes which care for the elderly should be accountable. City Council has undertaken a number of initiatives to support the development of non-profit day care for children. It may also be appropriate for City Council to make a strong statement in favour of care in the public domain and assert its support for a moratorium on commercial nursing homes. Council could ask the province to award extended care beds only to residential facilities operated by non-profit corporations or municipalities.

Rights of Residents

Residents complain that they do not have locks on their doors and that there is little opportunity for physical intimacy, personal relationships or privacy. A resident may be moved to a locked ward at the discretion of the institution without a hearing or appeal.

In 1987, the Province of Ontario introduced a Bill of Rights for nursing homes. Different regulations apply to homes for the aged while retirement homes are completely unregulated. Some homes have established an internal advocate or complaint system. Some community groups such as Concerned Friends for Ontario Citizens in Care Facilities act as advocates for residents in an ad hoc way.

Planning for Institutional Care

The chronic care and extended care systems run at full capacity with no space for people in transitional or emergency situations. Acute care hospitals play the role of both receiving and holding places for people who require admission into the chronic and extended care system. About ten percent of the beds in acute care hospitals are occupied by people waiting for admission to chronic care or extended care facilities. The media usually refer to these people as bed blockers. This designation blames the patients as if they have refused to leave the acute care hospital.

There are now 12,000 chronic care beds in the province. In 1989, the Minister of Health announced that she was deferring 4000 new chronic care beds and transferring the funds to renovate long-term care beds.

Alternatives to Institutions

Most policy makers in the seniors field believe that we need good institutional care for people with complex requirements for care and that there is an immediate need for more chronic care beds. On the other hand, many people with disabilities and some elderly people believe that this care should be provided at home. They also believe that there are many people who are receiving more care in a chronic care or extended care institution than they need because not all the services required were available in the community. They promote a system where the individual could spend at government expense for care in the home up to the daily cost of chronic care.

Some community groups are leasing blocks of apartments in Cityhome or Metro Toronto Housing Company buildings to provide attendant care to people with disabilities. These programs allow people to be discharged from institutions and live an independent lifestyle even though they are physically dependent.

Provincial Government Policy

The strategic plan released by the government in May 1990 proposes that all residents of care facilities be evaluated to determined how much care is required and that the facilities be reimbursed by the government for the actual cost of care. Facilities could provide the care required without financial penalty and care could be standardized. There would be no distinction among municipal, charitable and proprietary homes.

The plan proposes that residential facilities be available only to people who could not be cared for in their own homes. It appears to be recommending that residential care be abolished without a plan for developing intermediate care to replace it. Admission to homes will be the responsibility of a facility placement committee of a new service access organization.

Riverdale Hospital

Riverdale Hospital with 780 beds is the largest chronic care hospital in Canada. The previous Minister of Health would permit the hospital to redevelop only after undertaking a full study and therefore appointed a 12 member expert panel to make recommendations on high quality care, alternatives to chronic care and linkages to community services. There is no representation from consumers or their families on the panel. The recommendations of the panel should be carefully reviewed by the City of Toronto.

Photo: Metro Homes for the Aged, Andrew Stawicki

11

Intermediate Care

The retirement home industry has shown that elderly people will move out of their homes into a more secure and sheltered environment if that environment is both attractive and independent.

A study conducted in 1982 by the United Senior Citizens of Ontario showed that 69 percent of people surveyed would consider moving into housing providing supportive living. People over age 85, however, were less interested in moving; only 53 percent said that they would consider such an arrangement. Most people voted to stay at home if possible with the assistance of community support services. Only 16 percent were interested in moving in with their families.(89)

Sheltered Housing

In 1985, City Council adopted a report from the Toronto Mayor's Committee on Aging which proposed a pilot program to provide 200 spaces of sheltered housing. Sheltered housing is small scale housing for people with a functional disability, operated by a non-profit community group with links to the home community. Security and services are provided without intrusion, care is tailored to needs, and the dignity, rights, privacy and independence of the elderly person are respected.(90)

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(89) *Elderly Residents in Ontario: Housing*, Minister for Senior Citizens' Affairs, 1985.

(90) *Sheltered Housing: A Proposed Program*, Toronto Mayor's Committee on Aging, City of Toronto, 1985.

Sheltered housing can be provided with a range of care and service models. In congregate homes, residents have some private space, share the living and dining areas and receive some care and supervision. In apartment configurations, living is supported but relatively more independent.

Sheltered Group Homes

Two houses in the City of Toronto, owned by Cityhome, provide sheltered group living for seniors. Stephenson House, operated by Senior Link, provides accommodation and care to people who have a functional disability or are socially isolated. Ten people live together in a family setting, sharing meals and recreation. Staff and volunteers organize and monitor residents and provide support during the day. A resident housekeeper is on call at night.

Elm Ridge Group Living Residence, operated by Jewish Family and Child Service, accommodates 14 people in a less structured setting. The home is divided into four areas, each with its own kitchenette and breakfast area. Lunch and dinner are provided in the shared dining room.

Other Options for Supported Living

The Abbeyfield concept imported from Britain offers supported living in a small home setting for residents who may require assistance but do not require supervision. The management of the home is the responsibility of the elderly residents. The Abbeyfield group has not been successful in the Toronto area but there is one home in Guelph and a home was recently opened in Port Hope.

Organizations such as Baycrest Terrace, Senior Link and St. Hilda's Towers offer enriched services in apartments but few organizations attempt to provide a full range of intermediate care in apartment settings.

Some municipalities and groups are experimenting with foster care for elderly people in private homes, intergenerational matching programs and home sharing programs. These programs provide accommodation, companionship and care.

Cognitive Impairment

Most rest and retirement homes and many homes for the aged are unable to care for people who require regular monitoring and a small amount of care throughout the day. There is a growing need for this kind of individually tailored care in the early stages of neurological disease.

Innovative Forms of Housing

If we accept the principle that people are entitled to remain in their own community as they age, then we must also accept the idea that there should be suitable facilities in each community to accommodate the people of that community. These facilities should be suitable to the wishes and needs of the older person as well as suitable to the culture, income and built form of the community. They should not be arbitrarily restricted in number. We need to develop a concept of this type of housing and determine the best way to develop it.

A small sheltered home for the elderly has to compete with all the other types of group homes under the distancing requirement. *Living Room II: A City Housing Policy Review* recommended that small sheltered homes for elderly people not be considered as group homes. A new definition should be developed to permit community homes in all residential areas.

Provincial Government Policy

In 1989, the Ministry of Community and Social Services released a discussion paper which proposed a program of accommodation to decrease the number of people in institutions. Supported independent living would be provided in apartments operated by non-profit organizations or public agencies. Supervised community living would provide support and security to people who cannot be left unsupervised in an isolated apartment. It also proposed that institutions be renovated to provide better accommodation in extended care and that people now being accommodated in residential care be relocated to sheltered accommodation.(91)

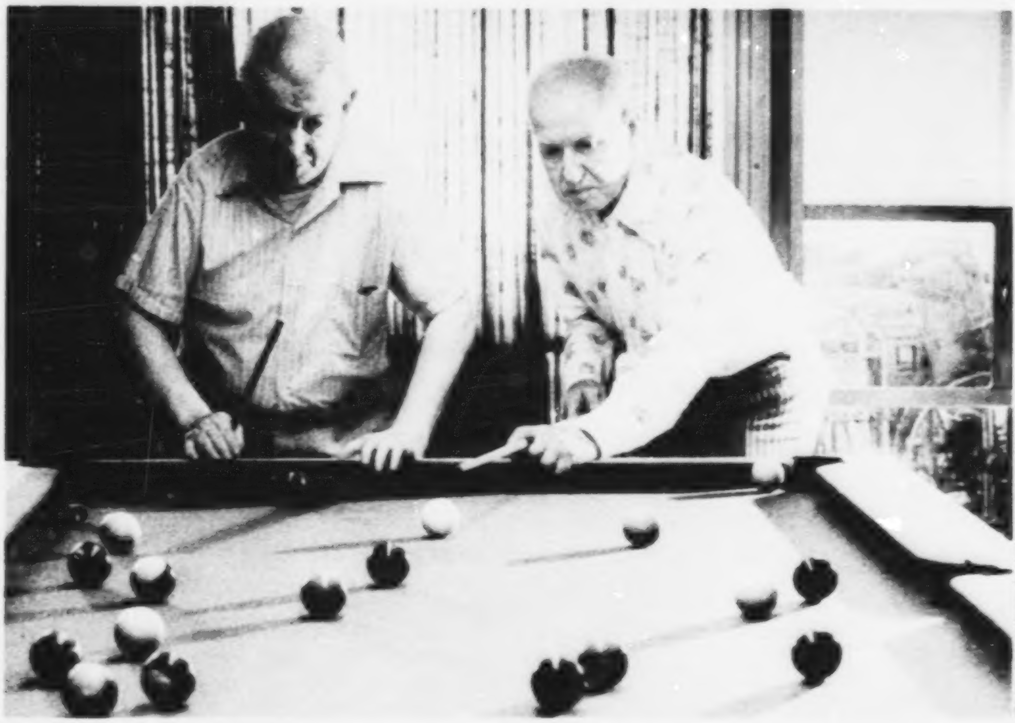

Photo: Metro Homes for the Aged, Andrew Stawicki

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(91) *Living in the Community: New Directions in Residential Services for Frail Elderly People*, Ministry of Community and Social Services, 1989.

12

Recreation, Fitness and Wellness

Although older people have the same need as younger people for fun, relaxation and social interaction, most people as they get older give up doing things they used to enjoy. Sometimes a sickness or disability will not permit older people to carry on as they used to. More often the reasons are social – death of a friend or spouse, increased caregiving responsibilities, retirement, reduced income, increased costs, lack of transportation or facilities or lack of interest. People get discouraged and respond to these changes by decreasing their physical activity and staying home more.

Benefits of Physical Activity

Current research shows that exercise is good for older people in the same ways as for younger people.(92) Exercise cannot keep us from growing old but it can slow the effects of aging, help to prevent lifestyle diseases and decrease the time it takes to recover from an illness.

Research has shown that we tend to lose about ten percent of our muscle strength in each decade after age 40. With a regular exercise program, an older person who is physically active can function at the same level as a person 20 years younger who does not exercise. This is not of much interest to a 50 year old person but it is critically important for an 80 year old.

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(92) *A Fit Third Age*, January 1989, Secretariat for Fitness in the Third Age.

Recent studies have had very exciting results, even with very old people. A modest program of muscle conditioning can increase strength by 10-15 percent, enough to maintain most elderly people above the threshold of strength necessary for independence. A sedentary 80 year old woman may not have enough strength to carry out the activities of daily living in her own home and have to move to an environment where help is available. But an active woman might not reach that stage until age 100.(93)

Wellness and Active Living

Wellness is a preventive health strategy which incorporates physical activity, a healthy lifestyle, balanced nutrition and good mental and social health. It emphasizes personal responsibility through education rather than the provision of organized programs.

Many older people are turned off by organized programs of fitness. Older women are participating in organized programs more than older men, although when asked in surveys, men claim to be exercising more than women. People in the age group 55-64 have the lowest participation rate of all age groups.(94)

Active living is a concept that is gaining favour as being more appropriate than fitness. It involves a wider range of activities such as swimming, walking, cycling and gardening, which can be done alone or with friends. *Blueprint for Action*, published by Fitness Canada, suggests that active living become a Canadian cultural trademark.

It is clear that this will not happen without vigourous intervention. We need to develop programs that people can do alone or with other people without getting discouraged. Even unstructured activities must be well planned and promoted to get sedentary people involved.

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(93) Peter Rechnitzer, Address to Conference, *Aging into the 21st Century*, Ottawa, April 1990.
(94) *The Active Health Report on Seniors*, Health and Welfare Canada, 1989.

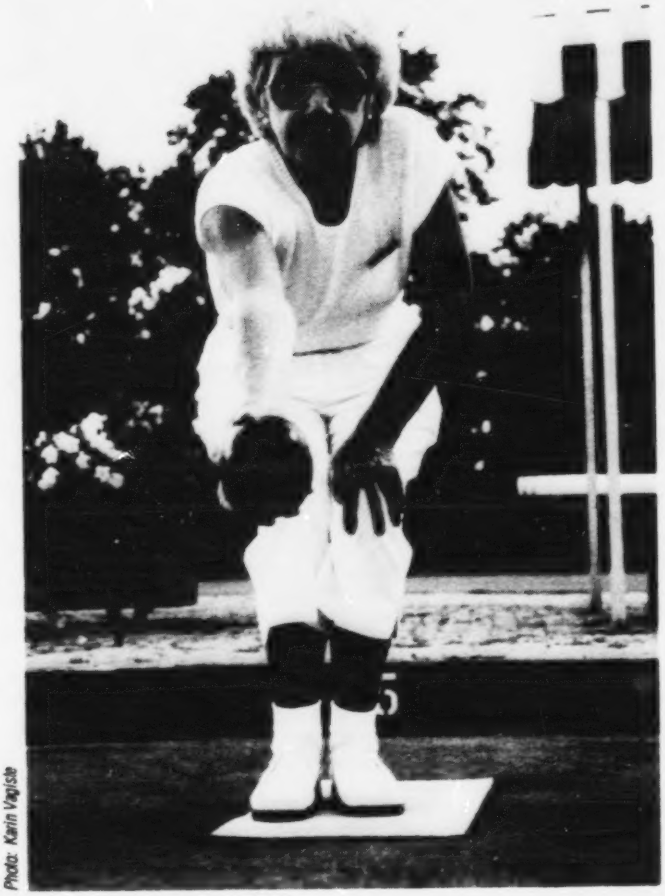

Photo: Karin Vagiste

Role in Long-term Care

Strategies For Change, the strategic plan of the Government of Ontario for reforming long-term care, does not mention the importance of fitness in maintaining the independence of older people. Municipal recreation departments, elderly persons' centres and other service providers are evaluating their role with respect to the long-term care system.

Parks

The recreational facilities in parks are much less accessible to older people than those in community centres. Although swimming pools and jogging tracks are available free of charge, lawn bowling greens are managed by clubs and tennis courts are generally available only to people who bring their own nets or are members of clubs, which operate only during evenings and weekends. Soccer fields and baseball diamonds are monopolized by organized groups and leagues.

Mandate Review

In 1989 the Parks and Recreation Department decided to review its mandate and response to older adults. A review team established in conjunction with the Toronto Mayor's Committee on Aging developed terms of reference for a consultant's study with a target of completing the review in 1990.

13

Transportation

Transportation is an issue of importance to all older people. As people get older, they are less likely to own or drive a car and become increasingly dependent on public transportation or on the goodwill of neighbours and agencies to get them where they want to go.

TTC Services

Older people would like to use the TTC system but they find it inconvenient and difficult to use. The Toronto Mayor's Committee on Aging conducted a survey of older people on their ideas about the TTC. The results of the survey will be published in 1991

Choices for the Future

The TTC recently adopted a staff report, *Transit Services for Disabled and Elderly Persons: Choices for the Future*, which recommends improvements to the TTC system to accommodate elderly people and people with disabilities. The report recommends that the regular transit system be made partially accessible and that the parallel transit system, Wheel-Trans, be improved. These are the key improvements described in the report:

- All new subway stations to be fully accessible
- Twenty key subway stations to be upgraded within the next ten years

- Kneeling buses and low-floor vehicles
- Demonstration project to test the effectiveness of a fully accessible community bus service
- Accessible bus service along the same routes as the subways.

On June 12, 1990, the Minister of Transportation announced funding to implement the report.

Photo: Vince Pietropaolo

Wheel-Trans

Older people have many of the same problems with the TTC as people with disabilities. They have trouble walking, boarding, standing, gripping, seeing, hearing and understanding. Older people often have more than one condition which limits their functioning but have no severe disability. They may not be able to use the TTC or use it with great difficulty but still be ineligible for Wheel-Trans.

The Wheel-Trans system is operated by the TTC at regular fares for people who are unable to use the regular system. The qualification for Wheel-Trans was changed on January 1, 1990 from

> *"unable to board regular transit facilities"*

to

> *"unable to climb or descend steps in regular transit facilities or walk 175 metres"*.

This change should allow people with heart disease or other conditions which make walking difficult to be eligible for Wheel-Trans service.

Older people have raised a number of other issues concerning Wheel-Trans service.

- Priority is given to people who must travel on a regular basis to school or work. Older people who want to visit a friend or go shopping have difficulty in booking a ride when they want it.
- There is no service between municipalities. A resident of Toronto who wished to go to Mississauga would be dropped at the border of Etobicoke and picked up later by Mississauga Transit.
- Wheel-Trans is sometimes available one way but not for the return trip.
- Seniors are not represented on the Wheel-Trans Advisory Committee. The committee represents people with disabilities.

- People with cognitive impairments or vision deficits have trouble using the TTC but are not eligible for Wheel-Trans.
- People who wish to go to church or travel at other popular times may have to arrive an hour and a half early or half an hour late.

Community Agencies

Because older people have so much trouble getting rides on Wheel-Trans, many community agencies operate their own transportation systems. They provide rides to and from programs and to shopping centres or supermarkets for group shopping. They escort people to medical appointments. They may also have volunteer drivers who provide their own cars.

This community program is funded as a home support service by the Ministry of Community and Social Services and Metropolitan Toronto. The TTC has suggested that the community bus service proposed in *Choices for the Future* to link neighbourhood services, apartment buildings and shopping centres be funded as a community service rather than as a transportation service.

Taxis

In Sweden, older people are given an allotment of taxi chits so they can arrange for their own transportation. The Ontario government has been reluctant to supply taxi chits for fear that people will trade them away or give them to younger people. The cost effectiveness of this option should be explored. Some taxi companies have introduced wheelchair accessible cabs. Such taxis can be used as a supplement or alternative to the Wheel-Trans service.

Driving

About half of Ontario residents over the age of 65 have a driver's licence. This group is expected to grow not only in number but as a proportion of all drivers.

Although older people have the lowest accident rate by age group, they have a higher accident rate per kilometre driven. To compensate for decreased vision and reaction time, many older drivers drive more slowly and patiently and avoid nighttime driving.(95) The Canada Safety Council advocates courses to retrain older drivers. The courses available through school boards and community colleges should be advertised and promoted.

The decline in various aspects of vision is the most serious problem for older drivers. They have a lesser ability to see fine detail, both in motion and at rest, require more light to see and have problems with glare, recovery from glare and distance perception.(96) Highway signs which appear brighter and easier to read are now being tested.

Parking Permits

The licence with the wheelchair symbol on it is being phased out and a new permit is being introduced. It is associated with the person with the disability rather than with a car. It is transferable from one vehicle to another and is to be displayed in the window when the car is parked. This should reduce abuses of the system by people who are not disabled.

People with disabilities are also eligible for a front-yard parking permit or a permit to park on the street in front of their houses. The permit requires a doctor's statement.

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(95) *"The Freedom to Move is Life Itself": A report on Transportation in Ontario*, Ontario Advisory Council on the Physically Disabled (now disabled persons) and Ontario Advisory Council on Senior Citizens, 1987.

(96) Kit for National Safety Week, 1989, Canada Safety Council.

Pedestrians

The elderly have the highest pedestrian accident rate of any age group. The Canada Safety Council says that over 27 percent of pedestrians who have been fatally injured are over the age of 65. More than 50 percent of accidents involving elderly pedestrians occur when they cross at locations which are not intersections. About 21 percent of the accidents involving elderly pedestrians in Canada occur at intersections with signal lights.

In Toronto, pedestrian crossing times at traffic signals are calculated using an average walking speed of four feet per second. The slower walking speed of elderly people could be accommodated with a longer walk signal.

Photo: city of Toronto Archives

14

Responding to the Challenges

We need a strategy to plan for the future. Because we do not know how many older people there will be in Toronto, it must be flexible enough to deal with demographic or economic changes and medical or technological advances in the future. A strategy which is based on the principles and objectives outlined in the first chapter and which responds to the challenges of succeeding chapters will provide a good life for people who are now old. A policy which is equitable for all age groups will ensure that we will all be secure when we reach old age.

Advocacy

For many years, some residents and business groups have routinely opposed the introduction of group homes, assisted housing and emergency shelters in their neighbourhoods. Proposals for new services and housing to meet the needs of older people may be met with similar opposition. We should encourage the formation of local groups to propose and advocate new services and housing for older people.

Photo: Kirsten Donaghey

Toronto Mayor's Committee on Aging

In 1982, City Council established the Toronto Mayor's Committee on Aging to advise it on issues affecting seniors. The goals of the TMCA are:

- To increase public knowledge of the aging process and the needs of senior citizens.
- To improve the quality of decisions by City Council on issues affecting senior citizens and the development of City Council's policies on these issues.
- To promote the development of municipal programs and services that meet the needs of senior citizens.
- To influence the development of policies and services for senior citizens by other levels of government.
- To promote a positive image of seniors in the community and increase their involvement in the life of the city.

The terms of reference of the TMCA require a majority of the members and all members in leadership positions to be over the age of 55. This gives the TMCA considerable credibility when it asserts a contentious position.

Participation of Older People

An overview of the special committees which advise City Council reveals that older people are not adequately represented. The Nominating Committee, which recommends appointments, has made a point of seeking out members from other groups which are traditionally underrepresented – women, visible minorities and people with disabilities. It would be appropriate for the Nominating Committee to also develop a plan for recruiting older people to serve on special committees.

Photo: Kirsten Donaghey

Challenges

There are many things staff and politicians can do, both individually and collectively, to improve the quality of life of older people in Toronto.

- Make information collected easily accessible and widely available in a variety of media including print, tapes, braille, video, photographs, public meetings and mass media.
- Promote the development of self-help groups.
- Work with community groups and agencies to develop housing and services for older people.
- Reach out to people confined to their homes.
- Hold meetings at times and places appropriate to older people.
- Ensure that meetings are accessible to people with all kinds of disabilities.
- Ensure participation of older people in all discussions and decisions which affect their future.
- Form alliances between seniors groups and advocacy groups.
- Capitalize on leadership skills of older people.
- Appoint older people to advisory boards and committees.
- Work with community groups to remove restrictions based solely on age.

15

Zoning and the Official Plan

The following definitions in the Zoning By-law are used for accommodation for older people:

- The term *senior citizens housing* is used for social housing for seniors, usually in apartments.
- *Nursing home, convalescent or rest home* in the by-law refers to a building where lodging and meals are provided with some nursing or medical care.
- *Home for the aged* refers to a municipal home for the aged; charitable homes are not mentioned.
- *Residential care facility* or group home is a definition used for a small facility which offers care and meets certain requirements.
- Other facilities are defined as *rooming houses, converted dwelling and rooming houses* or *apartment buildings.*

It is clear that these definitions do not describe the range of accommodation required by seniors. When legislation is adopted to reform the long-term care system, associated changes will be required in the Zoning By-law. The definitions should also be reviewed to reflect the kind of housing which is required.

The Official Plan

The Official Plan is a general statement of policies on the use and development of land and on related municipal and community services.

The following statements are taken from the current Official Plan. They have been changed to reflect a greater sensitivity to the needs of older people. The numbering system is derived from the current Official Plan. Recommended changes are underlined.

1. The Structure and Quality of the City

Public transportation and Municipal Services 1.1

(a) It is the objective of Council that the various parts of the City are provided with an efficient and convenient public transportation service which is accessible to people with disabilities and adequate municipal services which are appropriate to people of all ages and accessible to people with disabilities.

Efficiency, amenity and appearance 1.1

(b) Council's policy is to improve the efficiency, amenity, accessibility and appearance of the various parts of the City as may be appropriate for each area so that the City shall be an efficient and enjoyable place in which to live for people of all ages.

Design of public works 1.1

(d) The City will maintain a high standard of design for all public works and public facilities, including improving their amenity and accessibility for people of all ages and for people with all types of disabilities, and improving and coordinating the design of street light standards, hydrants, street name signs and other street furniture.

Older people and people with disabilities 1.1

i) It is the policy of Council to provide programs, services and amenities which support the independence of older people and people with disabilities and encourage their integration in the community. In order to ensure the provision of appropriate services, Council will adopt policies and goals for housing, transportation, employment, income, health, recreation, community services and facilities, and public works.

Access for people with disabilities 1.1

j) It is the policy of Council to provide for such amendments to municipal by-laws as are necessary in order to facilitate ready and convenient access to and movement within buildings and public facilities for people with disabilities.

1A CENTRAL AREA

Incentives for special housing 1A.25

Delete the words for senior citizens and single persons. This will put the emphasis on special housing which includes support services.

It is the policy of Council to encourage the provision of *special housing* ... within the *Central Area*, and subject to the other provisions of this Plan to employ incentives, including density incentives, for the production of such housing.

Community services and facilities 1A.30

It is the policy of Council to encourage the provision of *community services and facilities* in the *Central Area* to meet the needs of present and future resident, working and visitor populations, of all ages, on a local area basis.

Walkways and space for pedestrians 1A.45

a) It is the policy of Council to promote, in public and private development and redevelopment, the expansion of the number of walkways and an increase in the amount of space available to pedestrians in the *Central Area*. In doing so, Council will exercise its available powers to secure new facilities that are accessible to people with disabilities and offer amenity for the comfort, convenience and enjoyment of the pedestrian, and to ensure that existing walkways are improved.

Pedestrian environment 1A.45

b) In areas of the *Central Area* where there is a high concentration of working, resident, and visitor populations, Council will give consideration to increasing the proportion of street allowances available for use by pedestrians, including sidewalks, landscaped and sitting areas, and other pedestrian amenities, thereby reducing the space available to vehicular traffic. In doing so, Council will consider the adequacy of the street system for essential vehicular traffic purposes, including goods delivery, public transit, Wheel-Trans, bicycles and taxis.

Common outdoor space for pedestrians 1A.45

c) In order to increase the amount of open space adjacent to pedestrian areas within the *Central Core* and in other appropriate parts of the *Central Area*, Council may pass by-laws requiring the provision of *common outdoor space* which is accessible to people with disabilities on *lots* in the *Central Area* which are developed or redeveloped, in whole or in part, for *non-residential* purposes.

Pedestrian walkways in private development 1A.47

a) Since the emerging pattern of pedestrian walkways in private development is one of the major defining elements of urban form in the *Central Core*, and since the success of this pattern depends on the continuity of these walkways with each other and with the larger network of public sidewalks and streets, it is the policy of Council to promote:

  i) the extension where appropriate, of the system of pedestrian walkways accessible to people with disabilities in new development at ground level, above ground level and below ground level;
  ii) the provision of areas bordering such pedestrian walkways which are accessible to people with disabilities and diverse and comfortable in terms of activities and amenities for pedestrians of all ages.
  iii) the improvement of existing walkways to make them accessible to people with disabilities.

Density exemption for interior pedestrian walkways 1A.47

b) In order to encourage the provision of accessible pedestrian walkways within new developments in the *Central Core* and in other appropriate parts of the *Central Area*, Council may pass bylaws excluding that portion of a building used for interior pedestrian walkways accessible to people with disabilities which provide connections between streets, parks and subway stations and/or *common outdoor spaces,* from the calculation of the permissible ***residential gross floor area*** in *Residence Areas*, of the permissible, ***non-residential gross floor area*** in *Low Density Mixed Commercial-Residential Areas*, and of the permissible ***commercial gross floor area*** in other Areas or Districts.

Walkways and amenities to be considered in review of development 1A.47

d) In enacting regulations and reviewing plans and drawings respecting development and redevelopment in the *Central Core* and in appropriate parts of the *Central Area*, Council will have regard to the physical form, amenity and accessibility of such development and in particular, will consider the following:

   i) pedestrian walkways which are accessible to people with disabilities across and within developments at, above and below ground level; and

   ii) arcades and overhangs accommodating such pedestrian walkways, transit shelters, access to subway stations suitable for people with disabilities and accessible pedestrian connections between developments.

2. RESIDENCE AREAS

Quality of Life 2.2

It is the objective of Council that the quality of life shall be improved for residents of all ages.

Integration of *Residence Areas* 2.3 (New Section)

It is the policy of Council to promote the integration of residents of all ages. Council will use its powers to ensure that a component of all development and redevelopment is appropriate to the needs of older people and accessible to people with disabilities.

Characteristics 2.5

Residence Areas will be pleasant, attractive, free of congestion and features incompatible with good living conditions, and provided with municipal services, schools, parks, playgrounds and community services, adequate for the needs of residents of all ages and accessible to people with disabilities.

2A HOUSING

Housing goals 2A.1

The housing goals of Council are:

a) the provision of decent housing to all residents in a suitable living environment at prices which they can afford;
b) the equitable distribution of housing to meet the needs of identified target income groups;
c) the preservation and improvement of existing housing and existing residence areas;
d) the provision in each community of housing which is accessible to people with disabilities;
e) the provision in each community of housing for people with special needs;
f) the provision of housing suitable for people of all age groups; and
g) the integration in each community of people of all ages.

Housing policy statements 2A.3

Council, from time to time, will prepare and adopt housing policy statements. Such statements will establish a program of short-term housing production targets and allocations, and shall include: . . .

f) annual targets for the production and provision by development, redevelopment or renovation, of housing for individuals of *low-*

to-moderate income, of housing suitable for people with special needs, and housing accessible to people with disabilities.

COMMERCE AREAS 3

Maximum commercial density related to retail uses 3.1 (i)

Change the term senior citizens and the handicapped to older people and people with disabilities.

Higher densities permitted when special housing used for senior citizens housing 3.1(k)

and

Review of impact of senior citizens' special housing 3.1(l).

Delete these two sections from the Official Plan. This will put the emphasis on *special housing* as defined in Section 10.

PARKS, THE RAVINES, THE WATERFRONT AND THE RAILWAY LANDS 5

Pedestrian paths and cycle routes 5.25

It is the policy of Council to provide or seek the provision of appropriate pedestrian paths which are safe, and accessible to people with disabilities and separate cyclist routes in the *Central Core* which are intended to serve as connections between both *district* and *local parks.*

Participation in design 5.29

It is the policy of Council to encourage the participation of anticipated users of all ages in the design of *local* and *district parks* in the *Central Core.*

TRANSPORTATION 7

Improvement of surface transportation 7.4

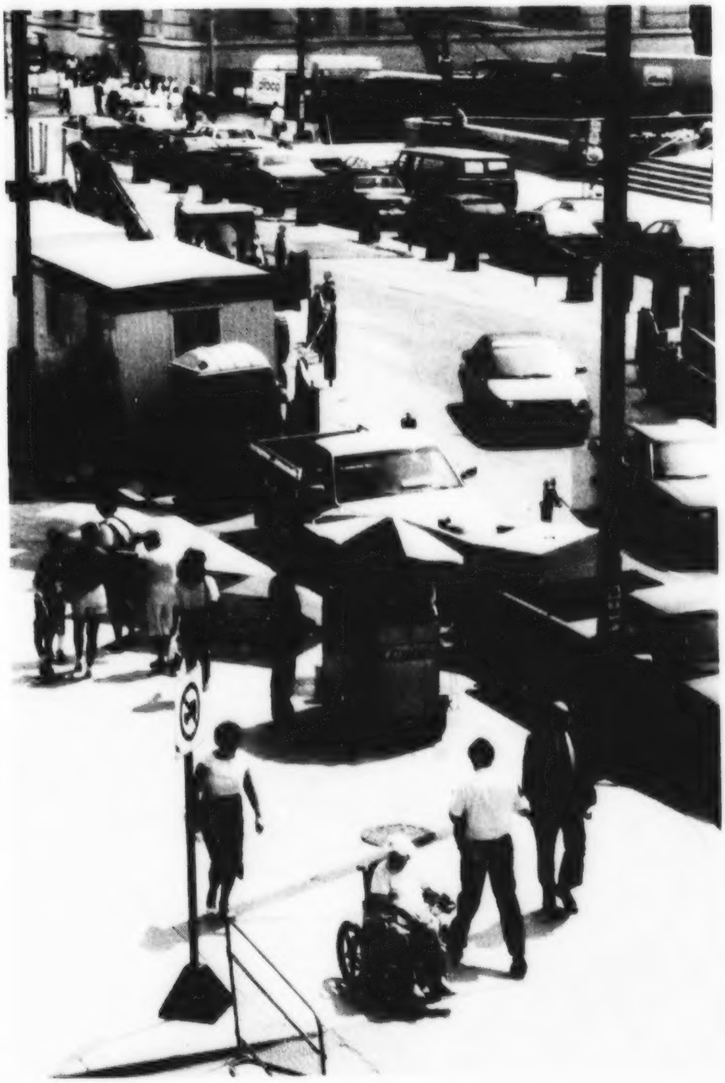

Photo: Vince Pietropaolo

It is the policy of Council that surface public transportation be improved, extended and made accessible to people with disabilities in order to provide a full range of integrated and equitable public transportation services in the City.

IMPLEMENTATION 8

Public Participation 8.14 (New Section)

It is the policy of Council to encourage the participation of all residents in decisions which will affect their lives. Meetings to discuss proposed amendments to the Official Plan, community improvement plans, amendments to the Zoning By-law, or the design, programs and practices with respect to parks, transportation, housing or other community services and facilities shall be held at times and places and in ways which are appropriate and accessible to the local residents and other users of the proposed facilities including people of all cultural groups and all ages and people with disabilities. Notice of such meetings and materials provided at meetings shall be in a form appropriate to the needs of participants.

DEFINITIONS 10

Hotel, etc. 10.18 and senior citizens housing 10.37A

Delete the term *senior citizens housing* where used in this section

Special housing, special housing units 10.38

The term *special housing* or *special housing units* means housing for people with special needs, such as but not limited to people with mobility, vision, hearing, cognitive and emotional disabilities, provided in the form of bedrooms or apartments with appropriate support services and shared living and/or dining facilities.

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